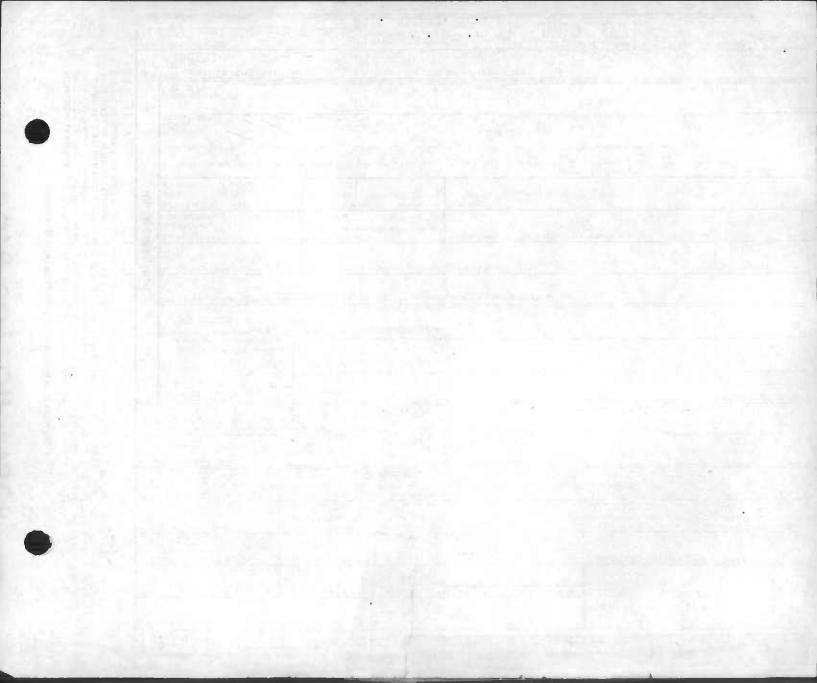
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	R
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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Sa No vincino No vin	above)
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I, DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Canchae  Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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220.1 certify that (I) (this hospital) attended the deceased from 6-8, 19-67, to 6-28, 19-1	3-7, that (I) (we) last
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276. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
220 ADDRESS 6132 Landover RC RAVINDER K. RUSTAGI 220 ADDRESS 6132 Landover RC Cheverly, and 200	000
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATION 23d LOCATION	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b HOUR June 8, 1987 3:31P 6 AGE (IN YEARS LAST BIRTHOAY) BALTIMORE CITY OR COUNTY OF DEATH Prince Georges County 12ª USUAL OCCUPATION 26 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Construction 13e STREET ADDRESS / ZIP CODE 15463 Arbory Way 20707 Koivisto Frances Ahlquist same as

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

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COUNTY STATE

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(SPEC\*Cremation

24 FUNERAL DIRECTOR

FOR

REGISTRAR

DECEASED NAME

- STATE

6/10/87

PNG. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Sandy Spring Road Funeral Home, Inc. Laurel, Md. 20707

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT Frances Ella 3 Allen AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3 SEX MONTH Female Feb. 7, 1910 Caucasian TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C U.S.A. WIDOWEDX Prince George's County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greenbelt Greenbelt Nursing Center Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)
136 STATE | 136 COUNTY | 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE P.G. Cheverly Maryland 5906 Forest Road YES X 20785 15 MOTHER'S MAIDEN NAME MIDDLE LAST McPherson Charles Ball Hattie 17 INFORMANT 2804 Bosworth Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO No 579-28-1653 Robert E. Allen (Son) Bowie, Maryland 20715 18 CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c) PART I. DEATH WAS CAUSED BY CAKDID BURMER BUT IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF MARINO SCIENOS GEHERMINE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION + PEGTLON 206. IF YES, WERE FINDINGS USED 195 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | NOT 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71s ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 214 IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COHNITY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (i) (we) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED 228 SIGNATURE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME MURROM - SWEW 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL

Washington National Cem

Suitland

DHMH - 16 60M 7/84 (VRA 15, 4)

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Burial

06/05/87

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE

FOR - STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 76 HOUR TYPE OR PRINTI FUGENE ALTICE 06 - 21 - 875. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY 4 RACE IF UNDER YEAR 3 SEX 52 18 Male. Black. 34 YRS To BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S Wash., D.C. WIDOWED DIVORCED [ I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET CHEVERLY PRINCE GEORGE'S HOSPITAL CENTER Unemployed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g. STATE 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO F Md. Forestville 2021 Brooks Drive 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Geraldine Altice Clovis W. Tircuit 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LE YES GIVE WAR OR DATEST (YES NO OR UNKNOWN) No 578-72-8572 Mr. Clovis W. Altice/father/same as 13 18. CAUSE OF DEATH :Enter only one couse per line for lot, ib and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSCOURNE OF 16 OVER WHELLING GH-VE SEPSIS Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA'

190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

PM 19 (IF FITHER NOTIFY MEDICAL EXAMINER)

II LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET (AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NOT WHILE

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sow the deceosed olive on above, (1) (we) (did not) view the bady after death

226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN

774 PHYSICIAN'S NAME (TYPE OR PRINT ANFI/FP ANNEN 1 . . . A -A A

J	KARIA	MITTED	1 401/1/1	1.00	100.561	, ,,,,
	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	ST
١	Burial	6-25-87	Lincoln Memorial	Suitla	nd-	Md

24 FUNERAL DIRECTOR John T. Rhines Co.

12th St. N.E. D.C. 20017 3015

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Suitland:

DHMH - 16 60M 7/84 (VRA 15. 4)

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CERTIFICATION

MEDICAL

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PORTANT

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STATE OF MARYLAND	
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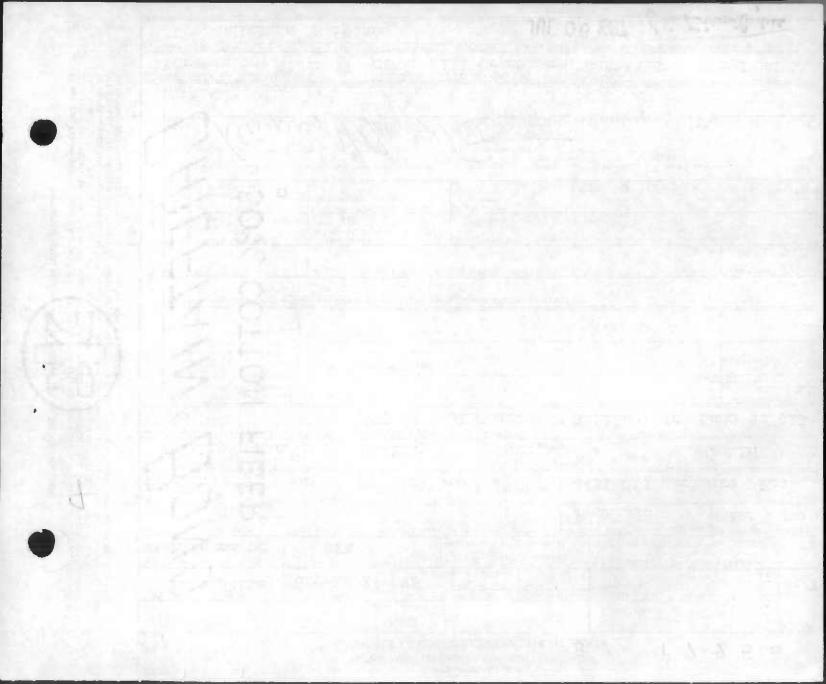
RIVERDALE, Md. 20737

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO. INC.

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MD. 21201	ANN GELA AND TO HOULD BE RECORDS	Ma.	ryland		eorge		Marib		-		431001	d Ma:	rlbo	ro	Pik	e
E, MD.	ESTH. II		THER'S NAME Phillip	Macl	MIQDLE C1n	Bai.	Iley		Bert		ME MIDE	DLE	Ma	cki	h	
BELTIMO	PORS AFTER LEA 18. CONCETAGES WITH FORM F II. PAGES 1 AN DIVISION OF "		AS DECEASED EVER	IN U.S. ARMI		11.00	03 0		17 INFORMAN Charle			ADDRESS, Jr	Sa	me	as	#13
	7×9×2		18 CAUSE OF DEAT PART I DEATH W		BY.	for (o), (b) Drown									OXIMATE I N ONSET	NTERVAL AND DEATH
PRESTONS		7	Conditions, if	ony, which	DUE TO, OR			OF								
01 W. PI	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN , WRITING THE WORD "TENDING" IN PENCIL IN WARDED TO THE CHIEF MEDICAL EXAMINER A PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT THE DEPARTMENT OF HEALTH AND MENTAL HY  21201 PRIOR TO BURIAL, CREMATION, OR REMO		gove rise to couse (o) stating lying couse lost	g the under-	DUE TO, OR	AS A CON	ISEOUENCE	OF								
DIVISION OF VITAL RECORDS, 201 W.	EXECUTIONSIINGIIN	7	PART 2 OTNER SIGNIFICAT	NT CONDITIONS CO	NTRIBUTING TO DEATN	BUT NOT RELA	TEO TO THE TERM	AINAL OISEAS	E OR CONDITION GIVE	N IN PART 1 o						
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VITA	SE S	RTIFE	21a EXTERNAL CAU	(6.5.) A/A.6	21b. TIME OF	IN LES APROV		Ta:							X	NO 🗌
ONOF	FICATE SHOUTHE WORD ON THE CHIE COULD BE USENT OF TO BURING		UNDERLYING CONTRIBUTING			. MONTH	DAY YEA 7- 198	R	ow injury occ abject for				RT 1 OR PART	2)		
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	R: THI VIE, W DRWA R: PA( E STA' ID, 213				of the remains day		re, held on		TV	pection .	Inquiry [		in my opin		COL	MD
	MANNE STIFICA BE FO ECTO ITH TH RYLAN		death resulted fra	/		2.4	(रहा	ncies.	Homicide	_	etermined monr	ner .				
	AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH		ACTUAL SIGNATURE	lem	my 9.	Mu	Mh.	144	ASSIST	hant	EDICAL EXAMIN	VER	DATE	6-	288	37
	TO MEDICAL EXAMINER: THIS CRECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	-	EXAMINER'S NAME (TYPE OR PRINT)	Denni	Ls F. Smy				AUDRESS	111 Per	nn St.,	Balto	., M	21	201	
07 84		230 B	URIAL, CREMATION, I	on 3	OJune87	Ce Ce	dar H	METERY C	Crematory Cremat		Surtla	ind	Ma	ryl	and	TE
25M	BP	24 F	JNERAL DIRECTRO		E Wilhe		unera	I Ho	me   25a	DATE REC'D	BY REGISTRAR	256 REGIST	RARSSIC	NATUR	E	
	(VR A15 ME (5))		Su	itland	d Mary.	land				UL O	5 1987	Asia	Kindy	-7	Sall	<u>_</u>



Tutte by the funeral director page 3

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STATE OF MARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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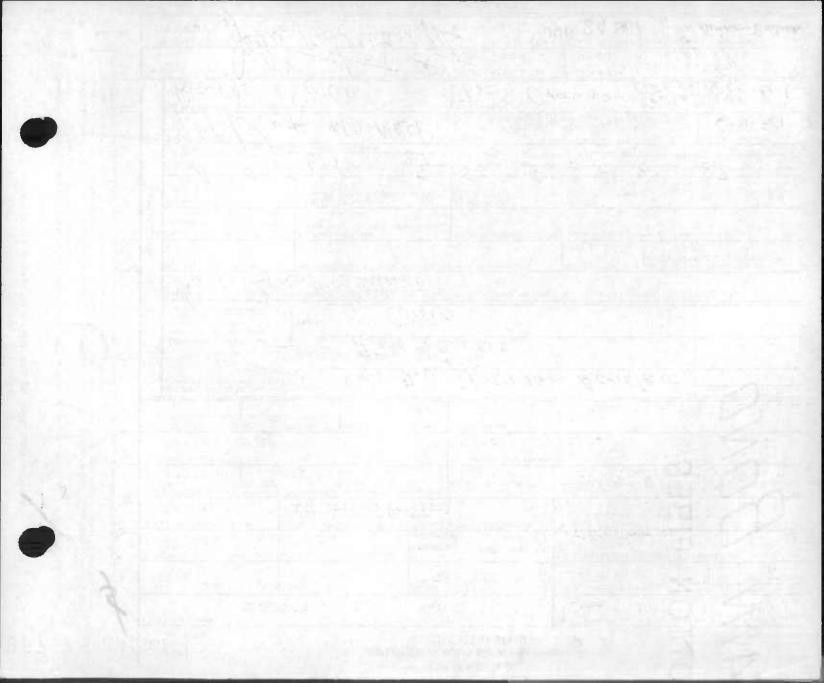
JIG	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.					
I DECEASED NAME (TYPE OF PRINT)  REGINALD				AIDDLE	DATI	AST TEXT	20 DATE OF DEATH		10011				
		KEGIN	ALD	M.	BAI	LEY	June 8,	1987	2:30				
3. SEX	lale		Black	k	5. DATE C	of BIRTH St. 26, 18909	6 AGE (IN YEARS LAST BIR						
C	RTHPLACE (STATE OF TOUNTRY) Tginia	FOREIGN 7	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	Prince Ge	OTGES!					
	ty or town of de Lanham	ATH 1		HOSPITAL, NURSIN HEACHITY, GIVE STREET CTOTS HOS		DR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KINE	RY				
13a. S	ALRESIDENCE (IF NOT ITATE	13b COUNT	Y PG.	GIVE RESIDENCE BEFORE 134 CITY OR TOW easant		134 INSIDE CITY LIMITS?		/ZIP CODE rington Pi	lace 7				
14 FA	Josiah I		IDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST				
	VAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	7740				
( )	n o	(IF YES GIVE	WAR OR DATES)	231 10	9730	Mary Bail	ey-Daught	ter- 9763	Good L				
	18 CAUSE OF DEATH Enter only one couse per line torial, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  1. (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)												
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	Conditions, if on gove rise to im	nmediate	(b)	11110									
	cause (a), state underlying caus		DUE TO, OF	R AS A CONSEQUE	NCE OF	7 .							
	0		(c)			NOT RELATED TO THE TERM	INIAI DISEASE OR CON	IDITION CIVEN IN PART	1 -				
Z	Chone	12ei	ial .	Leulin		NO RELATED TO THE TERM	MAN DISEASE OR CON	DITION GIVEN IN PARI	1 0				
CERTIFICATION	19g. DATE OF OPERA	ATION	196 CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		IN PART 110  VERE FINDINGS USED IN CAUSES OF DEATH?  OR PART 2)  COUNTY STATE  27. that (11 (we) lond from the couses stated  27. DATE SIGNED  - 9-87  Mary 1 and 11  Park  R'S SIGNATURE				
	21g. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT	216. TIME OF HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR							
MEDICAL	21d INJURY OCCUP	RRED	21e PLACE C			211 LOCATION STREET	CITY OR TO	IWN COUNTY	STATI				
		sed alive do	ottended_the	19_		nd that in (my) (our) opinion o	, to leath occurred on the d		he couses stated				
	INSSENATORE	Su		10 MR	P		MEDICAL STA	FF /	2:30 A  2:30 A  2:30 A  2:30 A  PODER YEAR HEUNDER 24 HER  NOWS MIN  PERTITION  APPROXIMATE INTERVAL  SETWING ONSET AND DEATH  IN PART 110  VERE FINDINGS USED  GCAUSES OF DEATH?  NO  OR PART 21  COUNTY STATE  2:00 AT 12 SIGNED  APPROXIMATE SIGNED				
	RISHPH	OL /	SING	4		1/3 -3 41	been way	Ceuler dri GREENBE	Ve LT MG				
B	URIAL, CREMATION SPECIFY). Urial	LEMONAL .	ZIA DATE	11	NAME OF C	Maryland Na	tional Me	emorial Pa	ark				
	tewart/	uner	11/H2H	eyar	le fili		1111	256 REGISTRAR'S SIGN					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by testabuld be detached for use as the buriol-tronsit permit. Then please rewith the State Dept. of Health and Mental Hygiene priar to buriol, crem



12			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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5.9	0.7 8 .00	40.0	REGISTRAR LEASED NAME FIRST	REG. NO	DAY YEAR 25 HOUR
			OR PRINT)	Oh. Macaclus Bangse Death Maren 162	- 4
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	ST S	3 2EX	A Di te	MONTH BAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	
	ARY, F L DIRE COUR L 72 H	-	n black	7-12-32 54/YRS. DEAD 6 2	- ( 1957 10 AN
	HESSARY, PLEASE NURAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS HRESTON STREET,		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OFDEATH
	ASK ST		Md.	U.S.A. WIDOWED DIVORCED & PRINCE OF	eongesme
- la	SERENT S	10 CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY OF TREET ADDRESS)  SUPERVISOR  120  120  120  120  120  120  120  12	or industry
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MD.	H. IF A.3.	14 FA	THER'S NAME FIRST	MIDDLE LAST FIRST MIDDLE	LAST
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WO	- 2 A A		AS DECEASED EVER IN U.S. ARA	MAD OR DATES	Arden.,
BALTIMORE, MD.	A STAR	-	o	578-46-0837 Debra Smith-1415 3rd St.,	Md.
	2°3 ≥ 1.0			ly one cause per line for (o , (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	エンフロムー		PART I DEATH WAS CAUSED	(ECAUSE (a) Myo cardial Intanction	MINVIES
01	グロロログ			DUE TO, OR AS A CONSEQUENCE OF	
2	WITHIN 24 ENCH IN ITE MINER ALO TRANSIT PE TRANSIT PE T	- 04	Canditions, if any, which gove rise to immediate	10 Gr Terros clevota Card wascula Diteas	e years
N'a	JTED WITH IN PENCH EXAMINE IAL - TRAN MENTAL ON, OR RE		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
201	WILD BE EXECUTED WIT WENDING" IN PEND FE MEDICAL EXAMINI SED AS A BURIAT - TRA F HEALTH AND MENTA AL, CREMATION, OR R		lying cause lost	(c)	
DS,	EXECUTING: ING: ING: ING: ING: ING: ING: ING:		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	
Ö	S A SEN	N O	News		
RE	PEP A HEA HEA HEA	CERTIFICATION	19e DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
IA	O D T T T T	I N	None		YES NOX
> 7	W W W W W W W W W W W W W W W W W W W	NA SE	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	2)
NO	SET OUT SET OU		UNDERLYING OR	102 100	
DIVISION OF VITAL RECORDS, 201	IHIS CERTIFICATE SH WRITING THE WOR VARDED TO THE CH AGE 3 SHOULD BE L TATE DEPARTMENT C TATE DEPARTMENT C	MEDICAL	218 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	
5	VRIT VRDI VRDI VRDI VRDI VRDI VRDI VRDI VRDI	2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUN	TY STATE
	VER: THI CATE, W FORWA OR: PAC THE STAI	1 65		e of the remains described above, held on Autopsy . Inspection . Inquiry and in my opin	
	EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE				ion
-	EXAMI CERTIFI CERTIFI JID BE DIRECT WITH AARYL		death resulted from. Natur	ol couses . Accident . Suicide . Homicide . Undetermined monner .	
	WAY WELL		ACTUAL P	DATE O	6-21-87
	ZHE SHE		SIGNATURE	SIGNED.	
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH,		EXAMINER'S NAMP AU	A DEVORE MD 1703 Queenshury Rd Hya	itsville ,
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFER DEATH, WITH THE STERN DEATH OF THE STERN DEATH DEATH OF THE STERN DEATH OF THE STERN DEATH OF THE STERN DEATH	736 B	JRIAL CREMATION, REMOVAL 2	36 DATE / 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION	74
07.5		1	DECTEY)	6/26/87 RESURANCION CEM. CLINION HD.	ST 660 25/
07/84 25M	BP	24 F	JNERAL DIRECTOR	250 DATO REC'D BY REGISTRARY 25% REGISTRAR'S SIG	
	DHMH - 17 (VR A15 ME (5))	11.	S' WASHINGTON +	Dens 1925 Burnous Avent	
	((0))	-			

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- STATE

TYPE OR PRINTS

3 SEX

CERTIFICATION

MEDICAL

REGISTRAR

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Washington, D.C.

10 CITY OR TOWN OF DEATH

FIRST

Samuel 1

(YES NO OR UNKNOWN) No

CHEVERLY

Maryland

4 FATHER'S NAME

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

REG. NO 20 DATE OF DEATH MONTH

26 HOUR 1.45A & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 68

YEAR April 13, 1919 BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Keypunch Operator U.S. Government

13e STREET ADDRESS / ZIP CODE 7404 Varnum Street/20784-2312

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Hyattsville YES []

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE" GEORGES" MEDICAL CENTER

LAST

577-18-4284

166 SOCIAL SECURITY NO

Burnside

5 DATE OF BIRTH

MONTH

WIDOWEDXX

15 MOTHER'S MAIDEN NAME Adah 17 INFORMANT

NO X

RD 1, ABOX 118

Roberta Naugle/Seward, Pennsylvania

Kimme]

APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MIDDLE

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

PAY

113b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gave rise to immediate cause a, stating the underlying cause last

Pr. Geo.

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for per 16 . and 10 ...

4 RACE

PART 2 OTHER SIGNIFICANT CONDITIONS

190 DATE OF OPERATION

20a AUTOPSY? NO.

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED THE PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

COUNTY

AL WORK 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death.

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

STREET

PHYSICIAN DIRECTOR | PHYSICIAN

STAFF

274 PHYSICIAN'S NAME (119) OCTOBE

AT HOME STREET FACTORY OFFICE FARM ETC )

8503 Perry Street.

ATTENDING ...

Mt. Ranier, MD

S.C. Gupta, M.D. ZIE BURIAL CREMATION, REMOVAL ZIE DATE

73: NAME OF CEMETERY OF CREMATORY Md. Veterans Cemetery

DEGREE

Cheltenham Pr. Geo Maryland

24 FUNERAL DIRECTOR Rendon-Hale Lanham Funeral Home

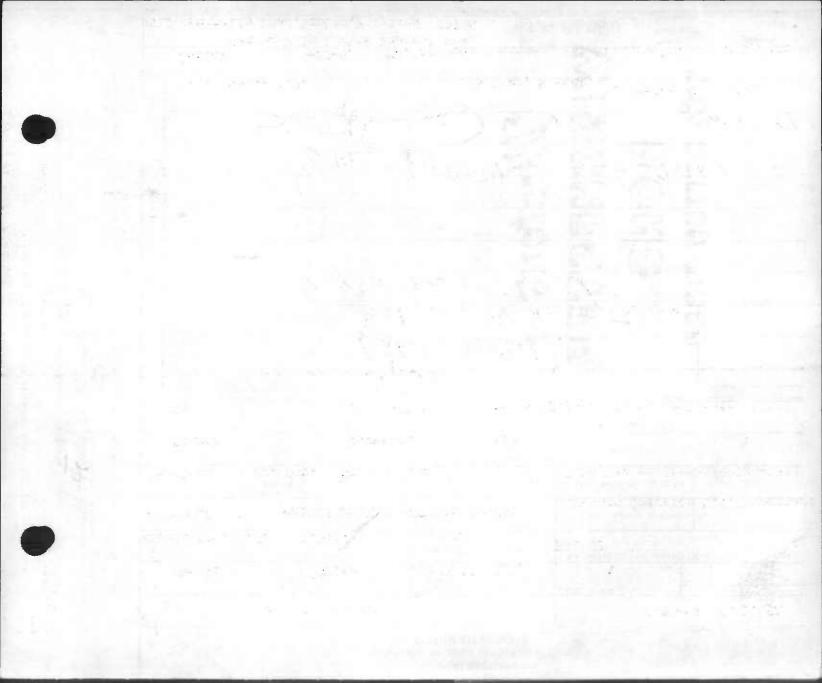
226 SIGNATURE

0013 Annapolis Road, Lanham, Maryland

256 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

/ MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	
CERTIFICATE OF DEATH	0

REG. NO.	
NEG. I'G.	

201	FOR STATE REGISTRAR		CERTIFI	CATE OF DEATH	IENE 7	179	5 /			
	DECEASED NAME FIRST MIDDLE TYPE OR PRINTS VIRGINIA NORMA			ICKMAN	26 DATE OF DEATH MONTH DAY YEAR 25 HOUR 06-24-87 6:204					
3	3 SEX 4 RACE			F BIRTH	6 AGE (IN YEARS LAST BIR		M W			
	Female	Caucasian	Sep	t. 3, 1907	79	YRS.	HOURS MIN.			
5	BIRTHPLACE STATE OR FOREIGN  COUNTRY  West Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED		RGE S COUNTY	MD.			
0	CHEVERLY	11. NAME OF HOSPITAL, NURSING LIFT NOT IN SUCH FACILITY, GIVE STREET OF LADYS NOON SPEL		ROTHER INSTITUTION VUR. CARE CTR	120 USUAL OCCUPAT ETYPE OF WORK FOR MOST OF HOUSEWI	OF WORKING LIFE) 126 KIND OF WORKING LIFE INDUSTRY	of Business or			
5 N	JSUAL RESIDENCE OF NURSING HOME OF 38 STATE 136 COUNTY PROPERTY OF THE PROPERT	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO X		/zip code /lor Avenue	/20744			
0	George	Howdersh		Sarah	Jane	Montgom				
1 16	WAS DECEASED EVER IN U.S. AR  (YES, NO OR UNKNOWN)  (# YES GN	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 235-44-		Martha G. I	Frazier	same as_	#13			
	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), End (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  CAUCH O - PULMON CH Y CONTROL DEATH  APPROXIMATE INTERVAL  BETWEEN ONSELAND DEATH									
	Conditions, if any, which gave rise to immediate couse to stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR ASYA CONSEQUI	41V	Says C NOT RELATED TO THE TERMINE THE CHOOM	1 SCar Inal Disease or con	DITION GIVEN IN PART 1:	0			
2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS/PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND II IN CERTIFYING CAUSES YES []	NGS USED S OF DEATH?			
1	an contraction of course of the	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TE PART   OR PART 2)				
	THE THE NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE			
	220 I certify that (I) (this hospi	tol) attended the deceased from	917, and	d that in (my) (our) opinion of	death occurred on the d	24, 195, ate and hour and from the	that (I) (we) last couses stated			
	27% SIGNATURE	MACI	1/		MEDICAL STA	FF CIAN - 6	26/87			
	Rakesh Aroi			14300 Galla	ant Fox L	ane, Bowie	, Md.			
2:	30 BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY Dak Grove	Morgant	own Monong	alia WV			
	Huntt Funeral	P. O. Bo Home Waldorf,		20601 250 DATE		256 REGISTRAR'S SIGNAT				
				0 0 11 4	9 1301 7					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

SIALE OF MARYLAND

STATE DE SORE MD 92039 DE SORE MD The Contest of Separate MERNYX CONTROL ( AGRAGIAS) - I MINOSINE EUNAMA CUYAMA M 101 m 5 31 NE MARCHUS BASSON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH 7h HOUR Bazzle Leonard Perry 4 RACE DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY 3 SEX Feb. 8, 1908 YEAR Male Caucasian TO BIRTHPLACE ATE OF FURE GN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Virginia U.S.A. 1502 CCJ WIDOWED 10 CITY OR JOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Self-employed **Insurance** #714 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 8200 Mike Shapiro Dr. 20735 Clinton P.G. Maryland 14 FATHERS NAME Holsinger Bazzle Lena Oscar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IF YE G VE WAR OR DATEST Donald Bazzle Rt 2 Box 175 White Plands Md 577-07-6236 18 CAUSE OF DEATH Enter only one couse per line for a b and c PART DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCAKDIAL INFARCTION gove rise to immediate couse a stating the DUE TO, OR AS A CONSEQUENCE OF ARTERY DISENSE underlying couse lost. CORONARY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION DIOMEGALY 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NAT RE OF INJURY IN ITEM 18 PART OR PART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 214 INJURY OCCURRED TIE PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ! AL WORK 220 | certify that II (this hospital attended the deceased from sow the deceased alive on obove, (I) (we laid (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DRTANT d b 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL Burial 06/19/87 Ft. Lincoln Cemetery Brentwood Prince George's Mo

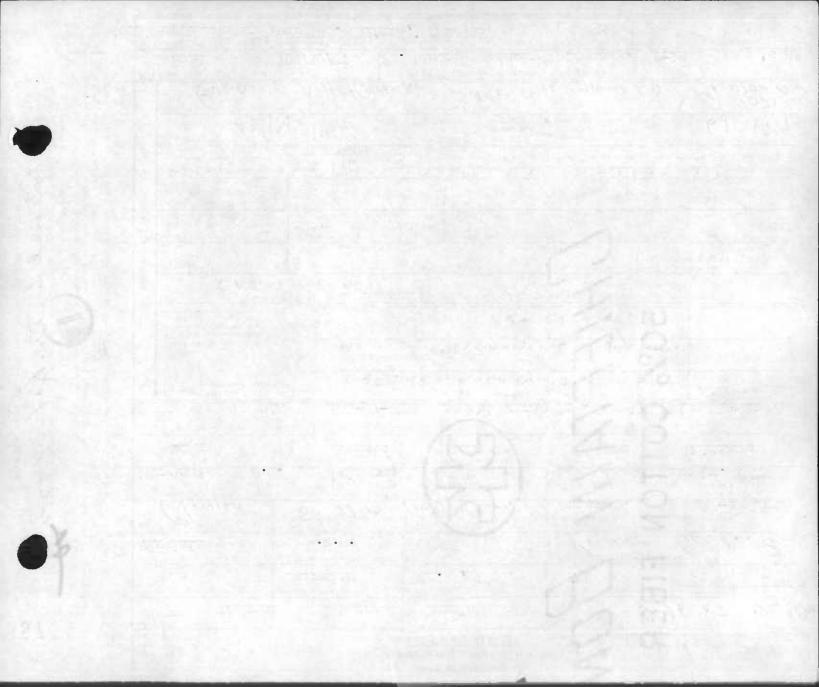
Lee Funeral Home, Inc. Md 20735

250 DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

24 FUNERAL DIRECTOR

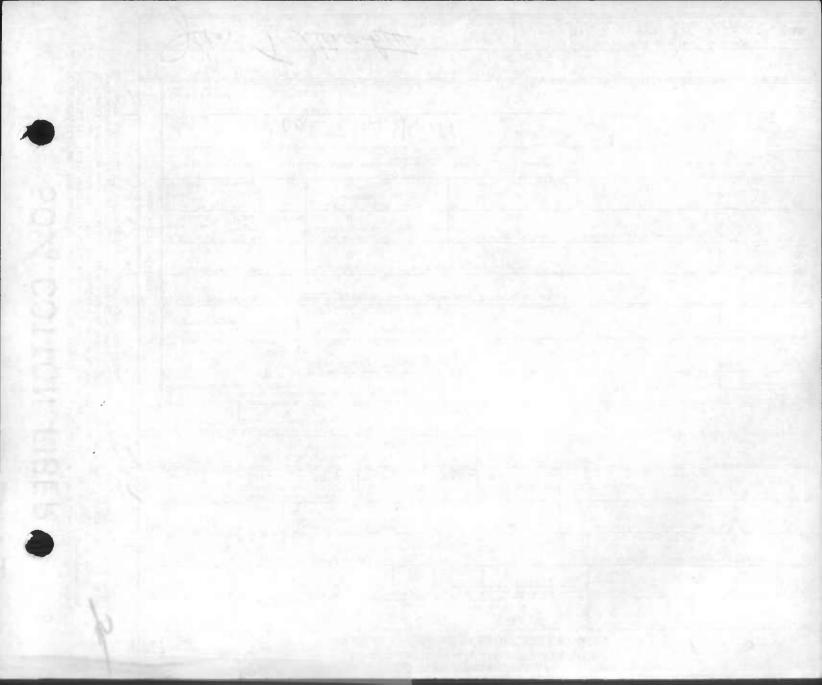
DHMH 16 60M 7 6633 Old Alexander

(VRA 15, 4)



	5 G July	13.8	STATE y	led. Ex., /	90J.	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	1	7	9 6	0
7.4	la la	2.0	REGISTRAR		MI	EDICAL EXAM	IINER'S	ERTIFICATE		REG N	10.		
	7)		CEASED NAM	E FIR T		MIDDLE		LAST	2a. DAT	E KNOWN [	X MON H	DA YEAR	25 HOUF
	以京の西井			Goor	ie	Sankar	Е	eharry	DEAT	H MATED [	5-30	1987	1
	五百三支馬	3 SE	(	4 RACE	5 DATE OF BIRTH			DER I YR IF UNDER	R 24 HRS 20 DA		MONTH	DAY YEAR	9:45
	S1555	Ma	1e	Black	June :	3,1950 3	7 YRS	, , , , , , , , , , , , , , , , , , ,	DE		5-30	1987	0.43
-	18 1 15 m	7a B	RTHPLACE (S	ATE OR	76 CITIZEN OF V	VHAT COUNTRY?	MARR	ED X NEVER MARK	RIED 9 BALT	MORE CITY	OR COUNTY	OF DEATH	
•	图 3 2 2 4 人		inida	d. WI	USA		WIDOW		0	rince	George	's Con	ntsz ME
-	SENET /		TY OR TOWN			SPITAL, NURSING HE		ER INSTITUTION	120 USUAL OCC	UPATION (TY	PE OF WORK 12	KIND OF 8	USINESS
	NOE WILL	1	Beltsvi	lle		Evans Trai			Mecha			OK 114003	IKI
=	×2298/7/	USU				GIVE RESIDENCE BEFORE AD		13d INSIDE CITY LIMITS?				70	205
212	A PARTICIPATION OF THE PARTICI		arylan			orgeBelts		p-100			Trai	190	100
P.	AA 23.2.		ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID		WIDDIE		1457	
E,	ES TENDER	D	e o		WINDLE	Behari	v	Pative		WIDDLE	Phag	oonie	
TIMOR	PAG ORAN	160 V	VAS DECEASE	DEVER IN U.S. ARA		16b. SOCIAL SECU		17 INFORMANT		ADDRES		001126	,
E	S AFTER GIVE PA GIVE PA FITH FOR PAGES I		O OR UNKNO	(IF YES, GIVE V	VAR OR DATES	142 52	2987	Deborah	Durgade	en-fr	iend-	1907	Merri
19	WIT OIV		18 CAUSEO	F DEATH (Enter onl	y one couse per lin	ne for (a), (b), and (c).			Drive,			Mapproximat	
PRESTON ST.,	M J M J M J M J M J M J M J M J M J M J		PARTIDE	ATH WAS CAUSED	BY.	unshot wound			DI Z V C ,	nuel	piir,	THAT VIEW ONS	ET AND DEATH
ō	ALOI FOR			IMMEDIAT		R AS A CONSEQUEN	ICE OF						
- SE	THIN CIL IN VER A AL H' REM			ns, if any, which	(b)								
` ≥	OR TRA		couse (a)	se to immediate stating the <u>under</u>	<	R AS A CONSEQUEN	ICE OF						
201	BAXAX.		lying cau	se last.	(0)								
DS.	XECU JG" I SAL E BURI AND	100	PART 2 OTNER SI	GNIFICANT CONDITIONS (	ONTRIBUTING 1D DEAT	N BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 o				
DIVISION OF VITAL RECORDS,	S A SEN	N			ound of le								
RE	L'ARAN PER	CERTIFICATION	190 DATE OF	OPERATION	196 COND	ITION FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPSY	(2
M	ERTHICATE SHOULD TING THE WORD "P FED TO THE CHIEF J 3 SHOULD BE USED PEPARTMENT OF HE PRIOR TO BURIAL,	FF										YES 🛣	NO []
> F <	W W W W W W W W W W W W W W W W W W W			L CAUSE WAS	21b. TIME C		21c HC	W INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART		
N	A PRINCIPAL SERVICE SE			S OF TIME	V .	M. MONTH DAY Y		lf/inflicted					
ISIO	ERTING ING S SH EPA	MEDICAL	714 IN ILIRY C	CCURRED	21e PLACE	OF INJURY (AT HOM	E. 211 LO	ATION					
á	SE S	E	WHILE AT WORK	NOT WHILE X		ctory, FARM, ETC)		28 Evans Tra	il Ant I-		tsville		vland
	RWA RWA STA STA 5, 21;				A share and a state of								r and
	AN STATE		7 100	,		escribed above, held a	Suicide A	_			nd in my opini	on	
	REC BE		death result	ed from: Nature	ol couses	Accident .	Suicide [1]		Undetermined	monner,			
	A V S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	M	Delive	John you	ell.	TITLE (SPECIFY)	at MEDICAL EX		DATE	5-31-8	7
	ZHE SEE 7	1/	SIGNATURE.		0		M.	vAssista	TL. MEDICALEX.	AMINER	SIGNED.	7-71-0	/
	WED A PIEN	1	EXAMINER'S	NAME Man	garita A	A. Korell,	M.D.	ADDRESS 111 I	Penn St.	Balto	., MD	21201	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	LION, REMOVAL 2				R CREMATORY	23d LOCATION				
07/84		(1)	urial/	2		1987/ Pro			CITY OR TOWN		COUNTY		inia
25M	BP		UNERA DA	TOR	Vous	7-4111	7 th 2 O C	250. DATE	REC'D. BY REGIST	RAR 256 REG	ISTRAR'S SIG	NATURE	
	DHMH 17 (VR A15 ME (5))	St	PWITT	Funeral	Home-	4001 Benr	ing R	oad N F	JUN 8	1987	Julia Da	rider Ro	adass
		200	771	~ uncidi	TI OHC .	L CIII	- 11 B IX	oddy H.D	•	1401	1		

1tes, 164. A Part 11., 21a. -22a., G-628, STATE OF MARYLAND



STATE OF MARYLAND

7	7	6
DAY	YEAR	125 HO

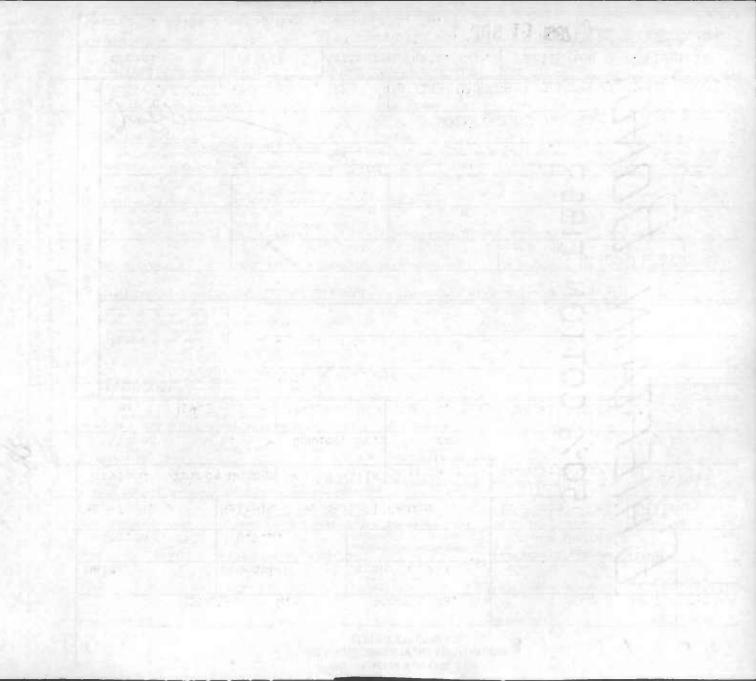
12 1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 7	17	9 6 1
	DECEASED NAME FRST	WIODLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	THOMA			ENDER, JR.		INE 8, 19	
3 5	SEX	RACE	5 DATE (	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONING	DATS HOURS MIN.
	Male	Caucasian	Marcl	1 4 1922	65	YRS	
121	COUNTRY)	b CITIZEN OF WHAT COUNTRY	MARRIED ⚠ NEVER MARRIED ☐		9 BALTIMORE CITY O		ATH
	Colorado CITY OR TOWN OF DEATH	U.S.A.			Prince George's  1120 USUAL OCCUPATION 120 KIND OF BUSI		
Ca	amp Springs	Malcolm Grow Me	dical	Center	Air Force		ilitary
85 130 N	SUAL RESIDENCE (IF NURSING HOME OR OF STATE 136, COUN Prince	George Temple	Hills	134. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 4204 Brink		20748
1	FATHER'S NAME FIRST Thomas	L. Bender	. Sr.	15 MOTHER'S MAIDEN NAM	ME MIDDLE	SI	neff
160	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SEC	*	17. INFORMANT	ADDRE	SS	
1	Yes   1942	- 1969 522-22-8		June E. Bend	er 4204 Brin		
1	18 CAUSE OF DEATH Enter online PART I DEATH WAS CAUSED	y one couse per line for (a), (b), o BY CAUSE (a) CARDIORESE	PIRATO	RY ARREST		86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
NO		DUE TO, OR AS A CONSEQUENCE OF THE PAIR OF AS A CONSEQUENCE ON THE PAIR OF T	JURE JENCE OF	NOT RELATED TO THE TERM	inal disease or cone	DITION GIVEN IN P	ART 1 o
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
	OR CONTRIBUTION CALIFF OF DEAT		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART OR F	ART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ATWORK	218 PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn cou	INTY STATE
		al) attended the deceased from 8 JINE 198	19 MAR( 37	H 19 87 and that in (mx) (our) opinion of	, to8 JUNE death occurred on the do	19 <mark>87</mark> ote and hour and fro	that K (we) lost am the causes stated
	226 SIGNATURE				MEDICAL STAF	F _	DATE SIGNED
1	JOHN V. INGARI	, CAPT, USAF, M		22e ADDRESS MALCOLM GROW			
230	BURIAL, CREMATION, REMOVAL	6/16/87 Ar	lingto	emetery or crematory on Nat'l. Cem.			Virginiā <sup>MATE</sup>
/B4	FUNERAL DIRECTOR  NAME  George P. Kalas F	uneral Home 0	0 0xor	n Hill Rd 250. DAY	NEC D BY RECUES	25 GREGISTRAR'SIS	GNATURE dalls

Oxon Hill, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

George P. Kalas Funeral Home

BP.



STATE OF MARYLAND

	1 - STATE REGISTRAR		DEPARTM	CERTIF	ICATE OF DEATH	REG. N		1 9	6 2
	DECEASED NAME FIRS		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
L	Els		М.	Big			6/	81	9:11FM
3	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
	Female	Caucas	ian	Dec.	1 1910	76	YRS		
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIFI	D NEVER MARRIED	9 BALTHYORE CITY O	RCOUNTY	OF DEATH	0
)	Maryland	U.S.A.		WIDOWE		Prince	060	corge	5(0 MD.
	CHY OR TOWN OF DEATH	AF NOT IN SUC	HOSPITAL, NURSING WEACHITY, GIVE STREET A		or other institution	12a USUAL OCCUPATION OF WORK FOR MOST OF Housewife		126 KND O INDUSTRY N/A	F BUSINESS OR
l.	Maryland Pri	OUNTY	134 CITY OR TOWN Temple	J	YES XX NO	13e STREET ADDRESS / 5505 Brin	zip code kley R	d/ 207	48
14	Thomas	B.	Hardy		Charlott		THE	Seabo	rn
16	MAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRE			
L	(YES DOOR UNKNOWN) (IF YE	is, one was on paresy	577-68-9	201	Betty J. Mas	tracco8101	Arunde Washin	gton.	Md.
	Conditions, if ony, which gove rise to immediate couse (all, stating the underlying couse loss PART 2 OTHER SIGNIFICATION (Conditions).	h (b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	
	Z O	ongest	tive +	TEL	of Faile	UZE			
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES □ NO ■	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
	OR COLUMNIA TURE COLUMN	DE DEATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT - OR PART 2)	
	UNITED THE CONTROL OF	21e PLACE LAT HOME STE	OF INJURY REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.1 certify that (1) (this sow the deceased alicabove, (1) (this deceased)	/ /		7 on	id that in (my) (and apinion of	death accurred on the do	ote and hour	-	that (1) ( <del>we) l</del> ast couses stated
	226 SIGNATURE	Mesto	1			MEDICAL STAF	IAN 🗆	22c DATE	2/87
	22d PHYSICIAN'S NAME (	tan, M.D.			22e ADDRESS 4235 - 28th	Ave. Temple	Hills	, Md.	20748
	30. BURIAL, CREMATION, REMO (SPECIFY) Burial	236 DATE 6/4/87	Was	shing	emetery or crematory ton Nat'l. Ce:	m SüitTan		Gounty Ma	ryland
2	FUNERAL DIRECTOR  NAME  George P. Kala	as Funeral	Home Ox	0 0xo on Hi	n Hill Rd 250 DATE	UN 4 1987	Julia L	under-	and the same

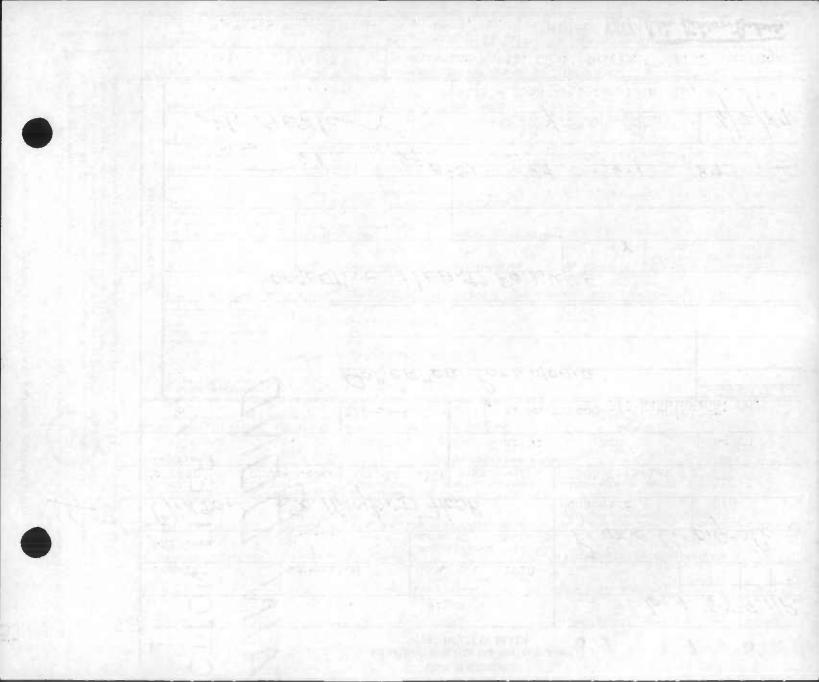
Oxon Hill, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

BP.

IMPORTANT: If Item 21 is



OR ATTENDING PHYSICIAN: The low requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

158232 Jn

moy be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL

8	REG. NO	1	7	7	6	•
	25 25 1711				1	-

2 . 3	11 -	1.	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG	BIENE 8 / REG. NO	179	6 3
			CEASED NAME	FIRST		MIDDIE		TAST	20 DATE OF DEATH A	AONSH DAY YEAR	26 HOUR
poge 3		TITE	CHENINI	JOSEI	Ruc	dolf	В	IGLER	June	24 1987	1:05AM
. po		3 SE	X		4 RACE		5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS BAYS	IF UNDER 24 HRS
rctor is of	0		MALE		WHITE			mber 3, 1923	6:	3 <sub>YRS</sub>	HOURS MIN.
386	76 / A	70 BIRTHPLACE (STATE OR FOREIGN		FOREIGN	76 CITIZEN OF WHAT COUNTRY?		MARRIE	DEN NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
11/			Austria		Austria		WIDOWI			rges County	
21		10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR
4	134	Fo	restville		2811	Birkle La			Admin. Off	icer Germa	n Embassy
1	3-	13e S	AL RESIDENCE IN NUR	136 COUN	OTHER INSTITUTION	130 CITY OR TOW	N ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		
55	(5)		aryland	Pr.	Geo.	Forestv	ille	YES NO		e Lane/2074	7
12	AM	14.FA	ATHER'S NAME		MIDDLE	TAST		15 MOTHER'S MAIDEN NA	ME	LA	ST
£86		Josef			Anton	Bigle		Amalie		Leitgeb	
9.5	13/		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRES	S	
0.9	16		io			None		Elisabeth I	Bigler	Same as	
/sicio	t, the		18 CAUSE OF DEAT PART I. DEATH V	H Enter on	ly one couse pe	line for a , b , and	d c				ONSET AND DEATH
ding phy orbon po	0		PARTI. DEATH V	IMMEDIAT	E CAUSE (a)	Squamous (	Cell	Carcinoma Rt.	Tonsellar F	ossa (4-84)	
	otic		10000		DUE TO, C	R AS A CONSEQUE	NCE OF				
y the offer e remove	other troum		Conditions, if any gave rise to im couse (a), stati underlying couse	mediate ng the	DUE TO, O	r as a conseque	ENCE OF				7.
ned b	y, or o		PART 2 OTHER SIG	NIFICANT (	CONDITIONS C	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	a
Ther	2	NO.									
has be	Swo 9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [	
ial-transi	- 1 S S S S S S S S S S S S S S S S S S		218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	HOUR A		AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
s the bur	rkedor	MEDICAL	21d INJURY OCCUR	HITE		OF INJURY REET FACTORY OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
S. Af	E		220 I certify that (I					ne 17 , 19 87	_ to Sure o	24, 19.87	that (I) (***) last
of H	21.		sow the decease	ed alive on	t view the body	ofter death.	, 0	nd that in (my) ( opinion	death occurred on the dot	e and hour and from the	causes stated
etached	i if Item		226. SIGNATUR	10	eli	C. K	1.5	PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIA	There	24 1987
VERA bed	Z	1	224 PHYSICIAN'S N	AME ITYPE O	OR PRINT)	7		22e ADDRESS			,
should by	PORT		Albert	E. Ro	lle, M.	D		3800 Reservo	ir Rd., N.W.	Wash.,D.C.	20007
F 43	≥1		BURIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
			urial		27Ju	ne1987	RES	urrection Co	emetery C	linton P	GMd
16 50M		24 F	UNERAL DIRECTOR	t_E	Wilhel	M ADDRESS		25a DAT	E REC D. BY REGISTRAR 2	REGISTRAR'S SIGNA	TURE
A 15, 4)			Fune	ral H	ome	Suit	Land	, Md.	1901 0		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

-1000 N 37 THE - NOW WELL 

Waldorf. Md

20601

Funeral Home

(VRA 15, 4)

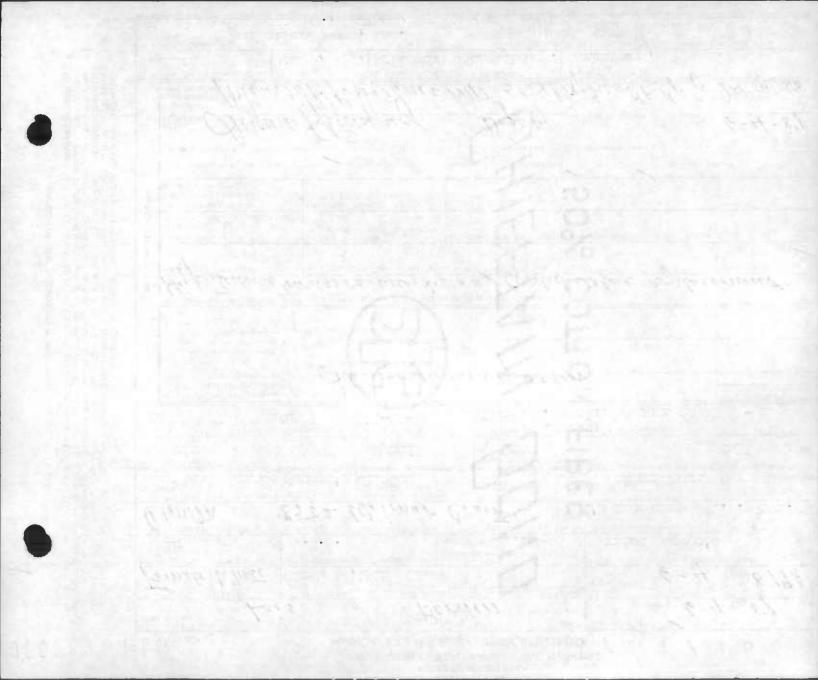
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Huntt Tuling Long 10 cont lid 20col	
Supration of Charles St. Range of Garden	
11. 12. 11/14 co	
Yan Ma-11 232-07-7802 Lva Borol	mark (Niche) -Cons as 1854
Charles Trancis William Derohert Anger	
Flaryland St. Mary's Hechanicsville - X	Pt-5 Box-222 / 20059
Andrews A.F.B. Halenke Grow scapital	Sat Milliamy W.S. A. London
Lieu Yorks B.S.A.	Frince Goothen
Male Caucasian Nov 22, 1920	

I P. II.	1		E OF MARYLAND EALTH AND MENTAL HYGIENE	
055762 JU	1 3	STATE MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	
ERSS. E.		EASED NAME PRIST MODILE BO.	rden 20 DATE KNOWN MONTH DAY YEAR 72 HO OF ESTI- DEATH MATED 6-4 1987	DUR
RRY, PLEASE DIRECTOR. OUR FILES. ON STREET,	3 SE	Finale White State of Birth OAY YEAR (AST BIRTHDAY) March 14,1925 62 YRS.	MONTHS DATS HOURS MIN PRONOUNCED 6-4 198794	DUR
ECESSA NERAL FOR Y	2 6		MARRIED NEVER MARRIED   Prince George's	MD
SE PAGE	06	Y OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, C  11. NAME OF HOSPITAL, NURSING HOME, C  12. NAME OF HOSPITAL, NURSING HOME, C  12. NAME OF HOSPITAL, NURSING HOME, C  13. NAME OF HOSPITAL, NURSING HOME, C  14. NAME OF HOSPITAL, NURSING HOME, C  14. NAME OF HOSPITAL, NURSING HOME, C  15. NAME OF HOSPITAL, NURSING HOME, C  16. NAME OF HOSPITAL, NURSING HOME, C  16. NAME OF HOSPITAL, NURSING HOME, C  17. NAME OF HOSPITAL, NURSING HOME, C  18. NAME OF HOSPITAL, NURSING HOME, C	Crust Ret'd Secretary U.S. Govt.	,
ANY DESTAND SECTION	N.	L RESIDENCE   IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ATE 13%, COUNTY George's Clinton	134 INSIDE (ITY LIMITS? 138 STREET APPRESS YES) NO [ 18502 Weimar Court 2) / 3	_
RE. MD	9	naries Wycoff	Neva Call	
BALTIMORE, MD. 2120 JRS AFTER DETERMINE SIGNEDA DE SIGNEDA DE SIGNEDA DE SIGNEDA DE SIGNESION	160.	(as deceased ever in U.S. armed forces? 166 Social Security in 20.0 or unknown) (if yes, give was or dates) 277-26-7426		
W. PRESTON ST  VO WITHIN 24 HOL  VENCIL IN 1FM 11  MINER ALONG  MINER ALONG  FENTIAL HYGIENE  OR REMOVAL.		PART I DEATH (Enter only one cause per live for (a), (b), and (c) PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  (c)	APROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PRED TO THE CHIEF MEDICAL EXA S SHOULD BE USED AS A BURIAL- EDEPARTMENT OF HEALTH AND ME SOI PRIOR TO BURIAL, CREMATION, (1)	CERTIFICATION	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINA  LIGHT SUPPLY CONDITION FOR WHICH OPERAT	use, Ortic value poplacement	_
DIVISION OF VITAL RE IS CERTIFICATE SHOULD RITING THE WORD." PE RRDED TO THE CHIEF N GE 3 SHOULD BE USED. TE DEPARTMENT OF HEA 201 PRIOR TO BURNAL, C	MEDICAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	211. LOCATION  STREET CITY OR TOWN COUNTY STATE	
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3 ASTER DEATH, WITH THE STATE 3 BALTMORE, MARYLAND, 21201		WHILE AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an death resulted from: Notural causes . Accident . Suicident . Suicident . Suicident . Suicident . Suicident	Autopsy Inspection Inquiry and in my apinion  de Hamicide Undetermined monner  THE (SPECIFY)  MEDICAL EXAMINER DATE	_ Z
TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO			MADDRESS DV9 ROY RUNCH CP Sp. 74 37 758  TERY OR CREMATORY 12 LOCATION COUNTY STATE	1
07/84 BP	24 1	veral Director Lee Funeral Home, Inc. d Alexander Ferry Rd., Clinton, MD 2	National Cem. Arlington, VA	

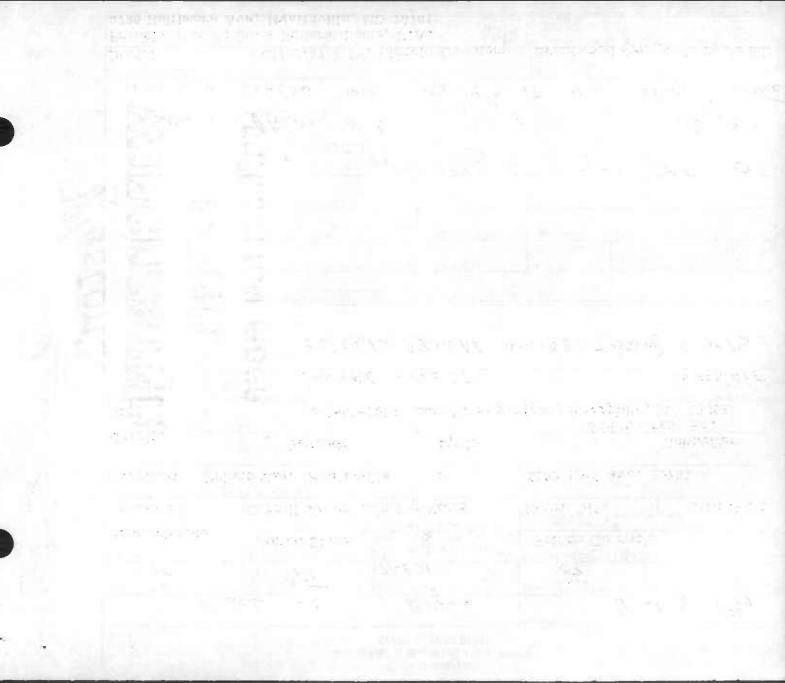


DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

		FOR STATE REGISTRAR			HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO	17900
	1 DEC	CEASED NAME FIRST MAD	ch E	va ,	Boyer	2ª DATE OF DEATH	6/21 8/ 130 M
	3 SE)	RTHPLACE (STATE OR FOREIGN	4 RACE 2	WHAT COUNTRY? 8	01	6 AGE (IN YEARS LAST BIR)  9 BALTIMORE CITY O	HUNDER YEAR IF UNDER 24 HE MOURS MIN.
)	_ (	nnsylvania		States MARRI	ED NEVER MARRIED DIVORCED	Prince Ge	
2	10 CI	vattsville	Carroll		or other institution	TYPE OF WORK FOR MOST O House Wife	
5		AL RESIDENCE IN NURSING HOME OF TATE PRINCE	ce Geo.	Hyattsville	13d INSIDE CITY LIMITS? YES NO [	5509 43rd	Ave. 20781
1	Ch	THER'S NAME FIRST		eyand't <sup>ss</sup>	Lydia	MIDDLE	Schaeffer
-	No No	VAS DECEASED EVER IN U.S. AF	MED FORCES?	217-42-3008	Carl F. Boyer		Pine Crest Rd. polis, MD 21403
		18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	CARDIAC A	RREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  /// MEDIATE
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, O	r as a consequence of	ASCULAR A		(STROKE) 2 DAYS
1	CERTIFICATION	19g DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
51	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P. P. 21e PLACE	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR	
		22a L certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did ) (did no 22b. SIGNATURE	6/16	19 87	DEGREE	deoth occurred on the do	19_8, that (II lost lost one and hour and from the couses stated  22c DATE SIGNED  FE
1		KEVIN 6.	DEALOR	U, M.D.	916 19 Th	ST. N.W	
	1	iurial, cremation, removai irial	23b DATE 06/25		coin Cemetery	23d LOCATION CITY OR TOWN	d Prince George's MD
4	件件	ancis Gasch's S	Ons Fur	neral Home P	.A. 259 PA	E REC'D. BY REGISTRAR	156 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)

4739 Baltimore Ave, Hyattsville, MD 20781



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	JUN 18	1,	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. NO	17	9 6	1	
			CEASED NAME	FIRST		MIDDLE	1	AST		MONTH DAT	Y YEAR 21	h HOUR	
e 3		TTYPE	OR PRINT)	Louise		M.		Breslin		6 1	287/	445 m	
poge 3		3 SE			RACE	141	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER TYEAR IF	FUNDER 24 HRS	
ector rs oft		1	Female		Caucasi	an	Dece	mber 15, 1913	73	YRS	NIHS DATS H	HOURS MIN	
0.0	-3A	7a Bi	RTHPLACE STATE OF	R FOREIGN 7b	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		-	
15	19		th Carolin		U.S.A		WIDOW	DIX DIVORCED	Prince Ge			7.10.	
2 1	-911	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	126 KIND OF B		
25	18		neverly			Georges GIVE RESIDENCE BEFO		cal Center	Beautician		Self Em	ployed	
高	强了	130. 5	AL RESIDENCE (IF NUI TATE Yland	Prince	1	New Ca	WN		1814 Powh	atan Si	t. 20784	4	
	なし		THER'S NAME	ilford "	DDLE	Merke	1	Minnie Minnie	Bell	Wa	aycaste	r	
Pages	medical	16a V	VAS DECEASED EVEL (ES. NO OR UNKNOWN)	R IN U.S. ARMI		16h SOCIAL SEC		Robert M. Ta	37140 To ft Barstow	orresif	venue ornia 9	2311	
Sician Ders.	ther		18 CAUSE OF DEA	TH (Enter only	one couse per			robert m. Tu				TE INTERVAL	
phy	g pnys		PART I. DEATH	WAS CAUSED IMMEDIATE		He	poti	its			24	with	
ding	afic e		DUE TO, OR AS A CONSEQUENCE OF										
atter	roum	18	Conditions, if any, which gove rise to immediate										
by the	), cremo		couse (a), state	ing the	DUE TO, O	R AS A CONSEQ	UENCE OF						
signed hen ple	ta burio njury, ar	N C	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN	IN PART 1 o	7 - 7	
been mit. 1	ony	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING		
has t per	ows down	TIFIC							YES NO	YES [		NO [	
ol-tronsi	em 18 sh		21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH		FINJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I ORPART 2)		
r this ce	ed or Ite	MEDICAL	21d INJURY OCCUI		21e PLACE		FARM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
Afte e as	mark		22a   certify that	l) Mais hospito	) attended th	e decensed from	-1	10.86	10 6/12	19	3 ) the	Cit Get lost	
TOR:	2) is		saw the deced obove, (I) (we)				0	nd that (n (my) (our) opinion o	leath occurred on the do	ste and hour a	and from the cou	uses stated	
DIREC.	Dept.		724 SIGNATURE	ala (ala nati	view the body	offer death.	-	DEGREE			22c. DATE SIC	GNED	
1 40	0		9	eg	Smil	~	T	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	6/12	5187	
NER be d	TANT:		224 PHYSICIAN'S		-mel			22e ADDRESS 3231 S	•	ne			
TO FUNERA	with the State		Nelson (	Goðe	lman			Bowie,	Md. 20715				
T	₹		URIAL, CREMATION	, REMOVAL	23b DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
	_	C	remation		June	14, 1987	Metro	politan Crem.	Alexandri	a		rginia	
	OM 7/84		ameis Gas						REC'D. BY REGISTRAR	256 RECHSTRA	WILLIAM STATE	indalla	
/RA 15	5, 4)	14/	39 Baltimo	re Ave	. Hyat	tsville, 1	VID 20	101	7 1 201	0			

DHMH - 16 60M 7/84 (VRA 15, 4)

H charge Sign Place West of the injury, or ather troumatic event, th

shows any

IMPORTANT: If Item 21 is marked or Item 18

ol director, page 3 2 hours after death

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

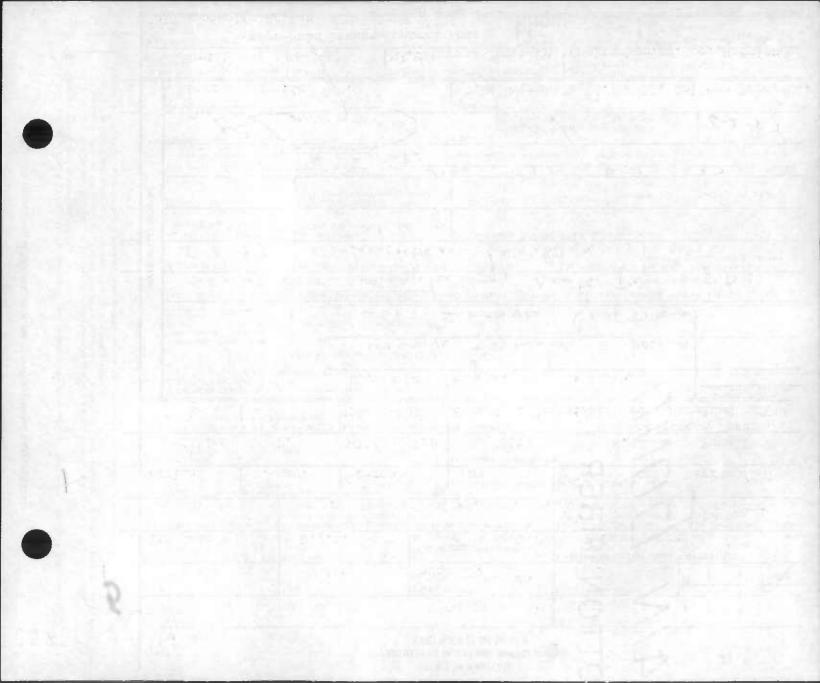
REGISTRAR						REG	. NO		
I DECEASED NAME	FIRST		WIDDLE		AST .	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(IVE OR PRINT)	DONN	NA .	LEE	E	BRIZZI	JUNE	1	1987	6:00P ,
3 SEX	4	RACE		5. DATE C		6 AGE TIN YEARS LAST	BIRTHDAY	MON HS DAIS	IF UNDER 24 MRS
Female		Whi	te	Marc	h 23, 1952 AR	35	YRS		HOURS MIN.
TO SIRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
Virginia		U.S.	Α.	WIDOWE	- 2222	Prince	e Geor	ge's	M
10 CITY OR TOWN OF DE	ATH 1		CH FACILITY, GIVE STREET	ADDRESS)	Pr. Geo. Co.	TIZE USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOMEMAKET  126 KIND OF BUS INDUSTRY OWN HOME			
USUAL RESIDENCE (# NUR 130 STATE Maryland	136 COUNT	THER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES	s / ZIP COI	DE Terrace	20706
14. FATHER'S NAME					15 MOTHER'S MAIDEN NA				
William	F	• DDLE	Collins,	Sr.	Edith	R.		Powe.	11
160 WAS DECEASED EVER			166 SOCIAL SECU	IRITY NO	17 INFORMANT	/005DI	Woodst	ream Te	rrace
(YES NO OR UNKNOWN)	(IP YES, GIVE	WAR OR DATES)	223-80-0	892	Edward A. Bri	izzi/Seabr	ook, M	Maryland	20706
18 CAUSE OF DEAT PART I. DEATH V	AS CAUSED  IMMEDIATE  , which	CAUSE (o)	CARD DRAS A CONSEQUE	10-10	RULMON.	ARRES	bolis	BETWEEN (	NSET AND DEATH
	ng the lost	ONDITIONS C		DEATH BUT	Sub cho Vian	INAL DISEASE OR CO	ONDITION G	SIVEN IN PART )	
STATE OF OPERA  S-Z-  216. ACCIDENT WAS UN.	TION	196 COND	- CHOLEG	PERATIO	N WAS PERIORMED /. //	200 AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES	
OR CONTRIBUTING	CAUSE OF DEATH	Р	.M. MONTH DI .M.	AY YEAR	21c HOW INJURY OCCURR	ED (EMER NATURE OF II	NJURY IN ITEM 18	B PART : OR PART 2)	
21d INJURY OCCUR	HILE 🗀		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OF	NWOT	COUNTY	STATE
220.1 certify that (I saw the decease above, (I) (we) (	ed olive on_	6-	1 - 19	4.00	3 d , 19 8 7 and that in (my) (our) opinion of	to 6 -	dote and he		that (I) (we) last couses stated
226 SIGNATURE	/	pm	, are	)	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	6-2	SIGNED -87
22d PHYSICIAN'S N Ricardo			6.		6201 Greenb	elt Rd., N	1-17 <b>,</b>	College	Park, M
230 BURIAL, CREMATION	REMOVAL	21h DATE	231 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
(SPECIFE Burial		6-5-8	7 Md	.Vete	rans Cemetery			.GeoMa	ryland

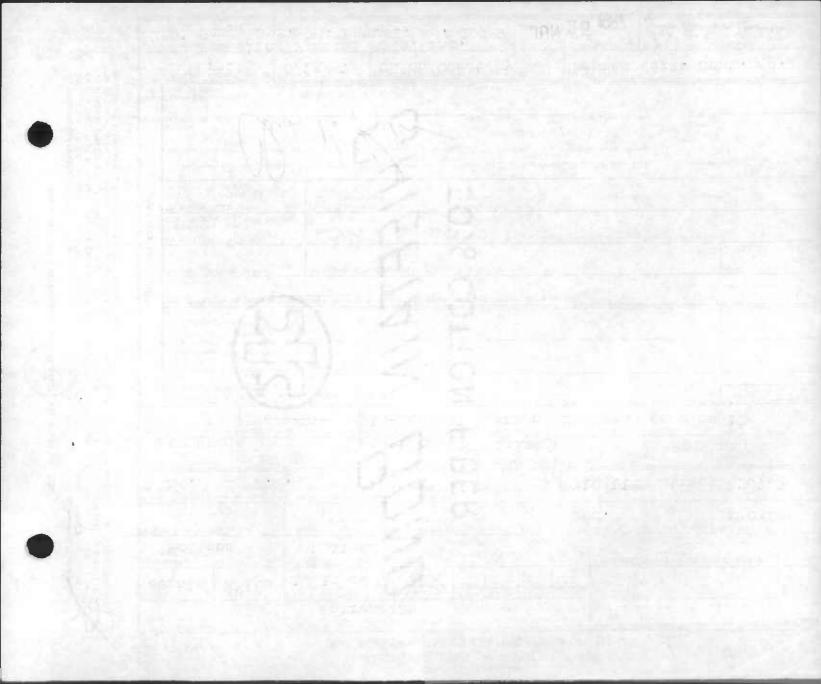
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR Rendon-Hale Lanham Funeral Home 9013 Annapolis Rd Lanham Maryland 20706

tery Cheltenham Pr. Geo. Maryland
250 DATE REC'D. BY REGISTRAR'S SIGNATURE
250 DATE REC'D. BY REGISTRAR'S SIGNATURE



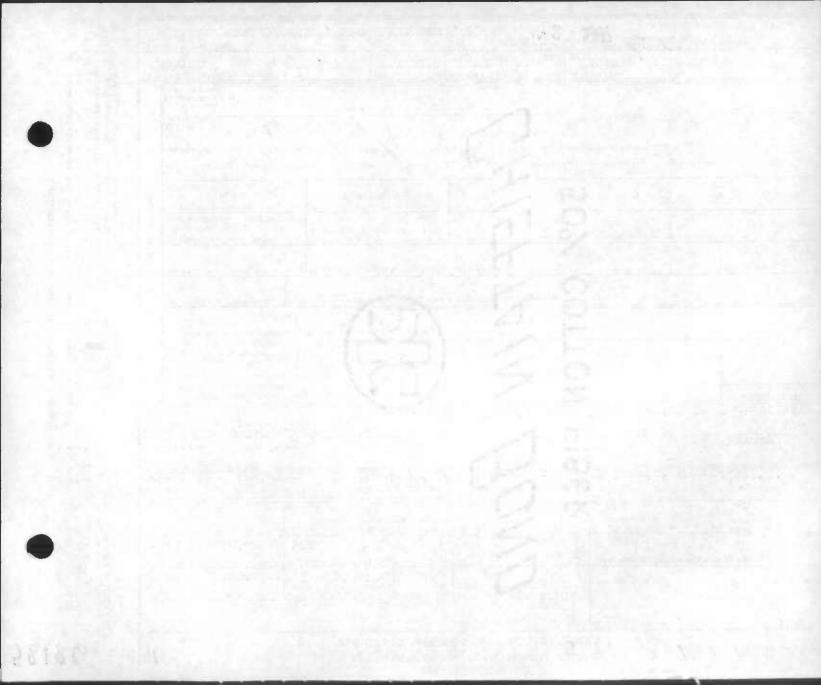


						SIAII	OF MARYLAND				
	1	FOR STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HYGI	IENE	2 000		7 0
		REGISTRAR				CERTIF	ICATE OF DEATH	5 / REG. NO	1/	7	/ U
			FIRST	M	IDDIE	1	AST	20 DATE OF DEATH	MONIH DA	Y YEAR	26 HOUR
2.65	[ [ Abf	OR PRINT)	JBY	GERT	RUDE	BRO	OKS	JU	NE 05	1987	4:40a M
p b	3 SE	(	1	RACE		5 DATE C	· OINTIT	6 AGE (IN YEARS LAST BIR	[HDAY] IF	UNDER I YEAR	IF UNDER 24 HRS
ector. p	F	emale		Black		Octo	ber 22,1914	72	YRS	NIHS DAIS	HOURS MIN.
dir.	70 BI	RTHPLACE ( LATE OF FOR	IGN 7		VHAT COUNTRY?	10	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
with 72 hours		SW York		United S	itates	WIDOWE		Prince Ge	orges		MD
The Barrier		TY OR TOWN OF DEATH	i				R OTHER INSTITUTION	12a USUAL OCCUPATI	NO	126 KIND O	F BUSINESS OR
Fed th	Ca	mp Springs		Malcom	Grow Me		Center	Crossing of			y school
500	USU.	AL RESIDENCE HE NURSING	HOME OR C		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
P 255					Seat Ple		YES X NO	7305 Jopli	n Stre	et. 20	743
100		THER'S NAME					15. MOTHER'S MAIDEN NAM	AE .			
翻着人	RA	ginald Head		IDDLE	LAST		Gertrude Ly	nch		LAS	1
201	16a V	VAS DECEASED EVER IN	U.S. ARN		166 SOCIAL SECU	RITY NO.	17. INFORMANT		SSeat	Pleasa	ent, Md.
10 1	No	ES, NO OR UNKNOWN)	IF YES, GIVE	WAR OR DATES)	068-01-2	550	Nathaniel G.				
81.1		18 CAUSE OF DEATH	Enter only	one couse per l	ne for a . (b . one	licht					MATE INTERVAL ONSET AND DEATH
plant.							Y ARREST			DC/ VICE V	J. C.
r rer		IMMEDIATE CAUSE (o) CARDIOPULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF									
e co on, o		Conditions, if any, w	hich				G CARCINOMA				
move c mation, r troum		gove rise to immed	liote	)							
Se re		underlying couse	lost.	DUE TO, OR	AS A CONSEQUE	NCE OF					
plea viral,	15	PART 2 OTHER SIGNIE	ICANTCO	ONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERMI	NALDISEASE OR CON	DITION GIVEN	IN PART 1/c	2
to b	NO										
Dong on C	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	206 IF YES, V		
W. W.S	Ĕ	Tel.						YES NO	YES		OF DEATH?
Hygie 18 sho	GE	210. ACCIDENT WAS UNDER		216 TIME OF		V VE 15	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	FOR PART 2)	
Hem		OR CONTRIBUTING CAU		HOUR A.M	A. MONTH DA	Y YEAR	District Section				
Or Hem	MEDICAL	214 INJURY OCCURRED		21e PLACE C	F INJURY		211 LOCATION			COUNTY	
and	×	WHILE AT WORK AT WORK		(AT HOME STRE	ET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	WN	COUNIT	STATE
alth mar		220 I certify that DC (th	is hospita	ol) ottended the	deceosed from	23 MA	Y 19 87	05_Jun		_87	that XI (we) lost
or us		sow the deceosed	olive on_	05 JUN	19	87_ on	d that in (m) (our) opinion d	eoth occurred on the do	ate and hour o		
Dept. of Item	100	obove, X (we) (did	Muaron	view the body o	offer death.		DEGREE			22c. DATE	SIGNED
- 0 ·		Donald	11/ 1	umba	-1	MY	ATTENDING	MEDICAL STAF	FIANTA	15%	ne 87
or the State	1	224 PHYSICIAN'S NAM	E (TYPE OF	PRINT)	Th	/111	22e ADDRESS	DIRECTOR   PHISIC	IAIN IA	1 300	· w
should be de with the Stat		Down Ld	ALV	Ass lower	1		MATGOTM GDOTT	TICLATING AND		\ TT \ \ \	00007
Should MPO	220 (	URIAL, CREMATION, RE		MA POLICE	The second second	LAME OF C	MALCOLM GROW	USAFMC, AN	DKEMS 1	TLR MD	20331
	1	SPEC#Y)	MOVAL					CITY OR TOWN	A . 7 .	OUNTY	STATE
	-	urial INERAL DIRECTOR	-	6/10/8			on Natl. Cem.	Ft. Myer.	ATLINE		Virginia
16 60M 7/84	1.4	NAME					gron, or		1	4 7.6	
/RA 15, 4)	MC	Guire Funer:	3 50	rvice.	7400 500	roia	AVA. N. H. I	N 9 1007	Julia Dis	Thousano Ki	ALC: PLANE

Ü		66-01-2550	Kathaniul G	. Stocke,		Tipopent.
Technolo Maraja	i A		Cantrade L	uch		01111111
		and I was a second		Inne no		et, 287/5
Maryland 8:	. Carterin 15	ARL D'ARRES	The Contract of	Sane De	The same of the same	4444
Comp Principal Norvieta			1 Caribas			county set
		atna rom Todio		Groceine		

furint 5/10/87 Arlington Metl. Dem. Fb. Tyez, Arlington, Wireinin

ETVA	/	0.7	FOR			STA DEPARTMENT OF		MARYLAND	AL HYGIE	NE	. ~7	0. 7	1
JEKE	56	1-	STATE			DICAL EXAMIN			TE OP OF	1	1 /	9/	
1			REGISTRAR	FIR T		MIDDLE		LAST			REG NO	MONTH DAY	YEAR 25 HOUR
	3 × 10 × 10	[TYP	E OR PRINT	Bradl	lov	Maxfield	Ü	rom.		Ur	ESTI- MATED		
	PLEASE ECTOR FILES. HOURS STREET,	3 SEX		4 RACE	S DATE OF BIRTH	6 AGE (IN YE	ARS IF UN	Brown Nder i yr Tif u	INDER 24 HR		^	6/ 19/ 19	87 M
	IS NECESSARY, PLEA E FUNERAL DIRECTC E 5 FOR YOUR FILE ED WITHIN 72 HOUR ED WITHIN 74 HOUR ED WITHIN 7	Ma	le	Caucasian	MONTH DAY	1967 LAST BIRTHD		HS DAYS HOU	URS MIN	PRONOUN DE AD	ICED	6/19/ 19	87 8:15
	SSA RAL		RTHPLACE (ST	ATE OR	76 CITIZEN OF WH	IAT COUNTRY?	8 MARR	IED NEVER	MARRIED X	9 BALTIM	ORE CITY OR	COUNTY OF DEA	
	S S S S S S S S S S S S S S S S S S S		st Vir	ginia	USA		WIDOW		VORCED [	Pri	nce Geo	rge's Co	untv. MD
		)0 CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOM	, OR OTH	ER INSTITUTION		SUAL OCCUP	ATION (TYPE OF	WORK 12h KIND (	OF BUSINESS DUSTRY
	ALAH 7		Che	verly		eorge's Gen	eral	Hospita	7	tudent	CING EIE	None	
-	RETAIN BENEATH	USUA 130 S		IF IN NURSING HOME O		E RESIDENCE BEFORE ADMISSI	(NO)	13d INSIDE CITY I IA		TREET ADDRE	55	40,	900
212	ANG		rginia	Fairf		Springfie:	ld	-				ourt (22	153)
9		II FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S		WE	DOLE	LAST	
E,	EATH ES 1, PM	UP	hilip		M	Brown		Barba	ara	ľ		Vari	lev
WO	FORM SES ON	16a V		EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURIT	Y NO.	17. INFORMAN			ADDRESS		VA
BALTIMORE, MD. 2120	*>-00	No		(F 165, GIVE	WAR OR DATES	223-17-164	46	Philip	Brown	7902 1	Larrick	Ct Sprin	
	OURS 18. GI					for (a), (b), and (c).)						APPRO.	NIMATE INTERVAL
PRESTON ST.,	N N N N N N N N N N N N N N N N N N N	-	PARTIDE	ATH WAS CAUSED	BY: E CAUSE (o)		Multj	ple Inj	uries			BEIMEEN	UNSET AND DEATH
1018	3.28886	/	8190	) sionesia		AS A CONSEQUENCE	_						
0. 0.	17623			s, if any, which	(b)								
3	3公司司 日 日 日		couse (a	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF						
201		1	lying cou	se lost.	(c)								
DS,	A ANIMA ANIM		PART 2 OTNER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TERM	IINAL OISEAS	E OR CONDITION GIVE	N IN PART 1 a				
RECORDS, 201	"PENDING" "PENDING" FF MEDICAL ED AS A BU HEALTH AN AL, CREMAT	N O											
90	OF HEAD	CERTIFICATION	19a DATE OF	OPERATION	1% CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED	?			20 AUTO	PSY?
DIVISION OF VITAL		Ĭ										YES	NO [
P.	CATE SHO THE WORD THE CHIL MULD BE US TAKENT OF R TO BURL	CER		L CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c He	OW INJURY OCC	CURRED LENTE	R NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)	
NO.	SATA OUT THE	Z.	UNDERLY ING	G CAUSE OF D				ject dr	iver o	f jeep	/auto c	ollision	
VISIO	PRI SE	MEDICAL	21d INJURY C	CCURRED	STREET CACT	OF INJURY (ATHOME,	211 LO	CATION		CITY OR TOW		COUNTY	STATE
ō	SAGAS V	>	WHILE AT WORK	NOT WHILE	ā	adway			Rt.#9			e, Pr. G	
	THE WILL			01	e of the remains des	ribed obave Add on			pection .	Inquiry		my apinian	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	EXAMINER: CERTIFICATI UID BE FOR DIRECTOR: WITH THE		death results	/ 1/	ot copies []	136	ucide	. Homicide		etermined ma		тту артнат	
	CERTIFICACE CERTIF	- 3	acom regime	1 1/1	17	Von	icide	TITLE (SPECII		cicinimed ino	,		
	A STOCKE		ACTUAL SIGNATURE_	(Me	1 1.	De -	M		tant ME	DICALEXAM	INFP	DATE SIGNED 6/2	0/87
	SEA SEA	/				/			74,0	DICALLXAM	HACK	SIGNED ST	
	MEDICAL E ECUTE THE CGE 4 SHOU FUNERAL TTER DEATH, ALTIMORE, M		EXAMINER'S I		narles P./	Kokes, M.D		ADDRESS	111	Penn S	St.		
Con	PAGE EXECT PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE			ION, REMOVAL 2		23¢ NAME OF CE				OCATION		COUNTY	STATE
1907.14	BP 9	E	URIAL		6/22/87	FAIRFAX	MEMO	RIAL PAI			K, VIRG		STATE
/ 25M	DHMH - 17		NERAL DIREC		ADDRESS			25e. D	DATE REC'D.	RY REGISTRAL	The ROSESTE	AR'S SIGNATURE	
	(VR A15 ME (5))	I	EMAINE	FUNERAL	HOMES, IN	C ALEXANDR	IA, V	'A   11	N27	1901			



10	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE / 1 7 3 7 2
్ ఒచ		CEASED NAME FIRST ROS INA	MIDDLE	BROWN	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 06 07 87 4 50 AM
moy b poge er deo	3 SE>		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER JINKS
s oft	F	emale	White	Aug 26, 1919	67 YRS DATS HOURS MIN
once die	(	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED 1 NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY
he fune fune dec		vitzerland  Yitzerland  YOR TOWN OF DEATH  CHEVERLY	USA  13. NAME OF HOSPITAL, NURSIN (15 NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED ADDRESS)	MD.  12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
urs of tiled	HEIL		PRINCE GEORGES	MEDICAL CENTER	Not Known
filled in	13a. S	TATE 136 COUN	NTY 13c. CITY OR TOW	Marlborro NO [	13e STREET ADDRESS / ZIP CODE 1077 Largo Road
marylly sed within ond 2 sh		Not	MIDDLE LAST Known		Not Known
Mode.		(AS DECEASED EVER IN U.S. AR ES, MOOR UNKNOWN) (IF YES, GIV NO	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 223-46-	James W Ne	al 8510 Connecticut Ave Chevy Chase, Md 20815
PN A BALL		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU	o Kilmonary ares	est Between onset and Death with Melar Slasis
Tw. pages The condition of the conditio		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		vill Medic stass
47	Z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVEN IN PART To
De la Company	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
32119		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
20	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN COUNTY STATE
DITENDING AN CION OF Health		220.1 certify that (1) (this haspi	ital) attended the deceased from	, 19, and that in (my) (aur) opinion (	, to G-W-, 1987, that (I) (we) lost death occurred on the date and haur and from the couses stated
A LO #A South A Color		22b. SIGNATURE	Sauko	DEGREE  M. D ATTENDING PHYSICIAN	Kesilent 22. date signed medical staff birector physician 6-7-87
S HOSFIT formed try O FUNER Provide be- riff the Sh		221 PHYSICIAN'S NAME (TYPE OF	K. JULKA	22e ADDRESS P. 4.0	GEN. HOSPITAL CHEVERLY MD 20785
BP		URIAL, CREMATION, REMOVAL SPECIFY) Cremation	12June1987		23d LOCATION CITYORTOWN atory Suitland PG Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NAME ROBERT E NAME ROBERT E Funeral H	Wilhelm ADDRESS Sui	tland, Md. JUN	E REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE  1 6 1987 Juliu Dendur Kulaus

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

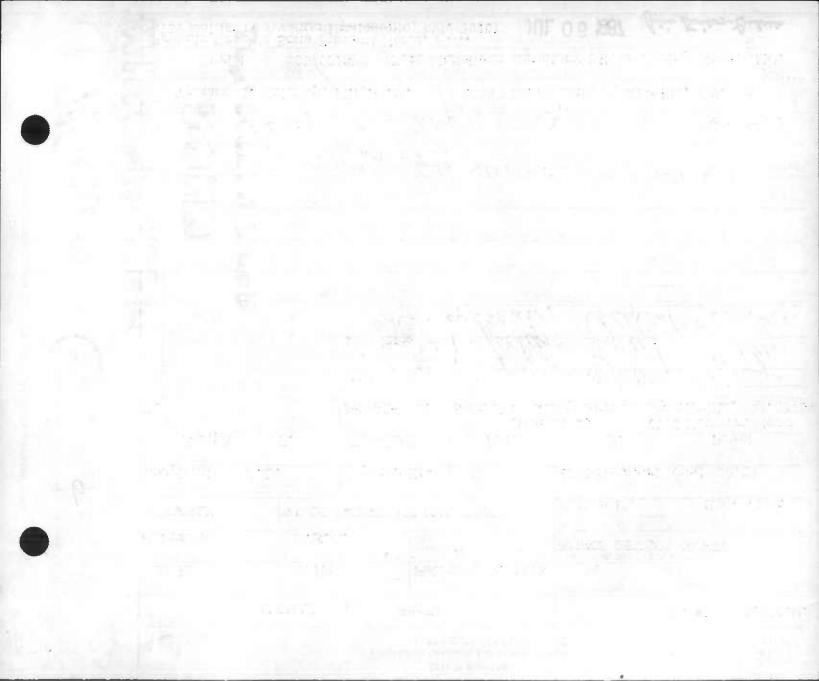
REG NO

Julia Davidson Randalls

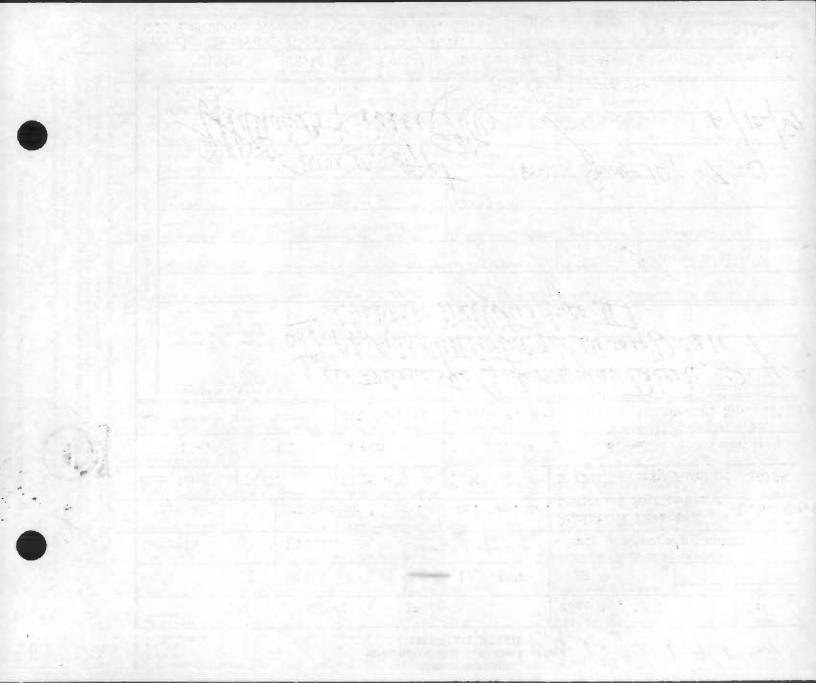
		OR PRINTS	FIRST		WIDDLE		12A	28 DATE OF DEATH		0-87	20 110 011		
Ì			LUC	ILLE F	Rita	RUNGO			0-5	0-07	1.33A.M	۰	
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1	7a B19	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	¥ -	9 BALTIMORE CITY				•	
		braska		U.S.A		MARRIE		PRINCE GE	ORGES	COUNTY	MD		
		TY OR TOWN OF DEA	TH 1	1. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND O	F BUSINESS OR		
	-	HEVERLY	P		EORGES"ME		L CENTER	Housewife		_	Home		
	130 S	AL RESIDENCE IN NURS	136 COUNT	Y	136 CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COD	E			
}	_	ryland	P.G.		Hyattsv	ille	YESX NO	6706 News	port Ro	oad 207	84		
	14 FA	THER'S NAME	M	DDLE	LAST		15 MOTHER'S MAIDEN N.	AME		LAS'			
		Joseph	F		Reznice	k	Anna	F.		Pav	el		
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,	CERTIFICATION	198 DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED		
	IFI							YES T NOT		FYING CAUSES	OF DEATH?		
5	EN I	218 ACCIDENT WAS UNC	DERLYING	216 TIME O			21c HOW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)			
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		abave, (In/we) (c	did) (die not)	view the body	after death.	6 /1	DEGREE 1			22¢ DATE			
		THE SIGNATURE -	A AM	1011	10-111	A Bu	ATTENDING		AFF		0-87		
		22d PHYSICIAN'S N	ME WAR OR		4//1	200	PHYSICIAN 22e ADDRESS	DIRECTOR   PHY	ICIAN	16-7	0-0/		
	P				r., M.D.	1	4814 71st A	venue Hya	tsville	, Md.	20784		
		URIAL, CREMATION,		23b DAZE			EMETERY OR CREMATORY	23d LOCATION	3911	COMMITTE	STATE	ă	
		SPECIFY) Burial		37/02	/37 Ga	te of	Heaven Ceme	etery Silver	Sprin	g Mont.	Md.		
	24 <b>F</b>	rancis Cas	ch's S	ons Fu	neral Hom	e, P.	. A . 250 DA	TE REC D BY REGISTRA	R 256 REGIS	TRAR'S SIGNATI	JRE		
	47	739 Baltimo	re Av	enue H	yattsville	, Md.	. 20781	0 6 1987	Aulia	Troident	andress.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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. 0.33	10 CI	TY OR TOWN OF DEA	TH				Pr. Geo.		Assistant oDirecto Robustry U.S. Go		
hour the fit t		AL RESIDENCE (# NURS	13 PCOUN	OTHER INSTITUTION	Chever		134 INSIDE CITY LIM	NITS?	3717 Chev	_	
MARYLA (1)	14 FA	THER'S NAME Leon		Cole	Brÿan		15 MOTHER'S MAIDE Berth		WIDDLE		arron
MORE,	No.	VAS DECEASED EVER		MED FORCES? /E WAR OR DATES)	215-44-7		James R.	Bry		<u>6911 Barto</u> Landover,	Md. 20784
DS, 201 W. PRESTON ST., quires that the death certific signed by the attending phen please remove corbon to burial, cremotion. or remoniury, or other traumatic ever	NO	18 CAUSE OF DEAT PART I. DEATH W  Conditions, if ony, gove rise to imm couse to, stofin underlying couse  PART 2 OTHER SIGN	which nediote g the lost		RAS ALONSEOUR HAD MU RAS A)CONSEOUR	COL	Melletu Molletu NOT RELATED TO THE	e to	ypo III	ASUM 4 DISUM DITION GIVEN IN PAR	20 yst
DIVISION OF VITAL RECORDS.  ING PHYSICIAN: The low requir r aftending physician.  After this certificate has been sig as the burial-transit permit. Ther tith and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or Item 18 stars any injur	CERTIFICATION	190 DATE OF OPERA	48			OPERATION	N WAS PERFORMED		20a AUTOPSY? YES NO NO	201 IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?
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DIVISIC ING PHI r offen thin os the t	ME	WHILE NOT WH	HLE □	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM EIC I	STREET	40	CITY OR TO	NN COUNTY	STATE
O HOSPITAL OR ATTENDI storned by the hospital or TO FUNERAL DIRECTOR, A hould be deteched for use with the State Dept of Heal		The I certify their (I) the Property of the Signature of	etti	and a service		on	TTENDI PHYSIC NEW New	01 - Car	EDICAL STAP DIRECTOR PHYSIC 85th Avenu rollton, Mo	ie E	-, that [] we) last the causes stated ATE SIGNED
BP		SURIAL, CREMATION, SPECIFY) Buria	I	06/16/	87 For	t Lin	coln Ceme		Brentwoo	d P.G.	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	47·	ancis Gaso 39 Baltimo	ch's S re Av	ons Ful enue H	neral Hon yattsville	ne, P. , Md.	A. 20781	SO DATE	REC'D. BY REGISTRAR	Julia Dender	



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death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that etained by the haspital or attending physician.

STATE OF MARYLAND

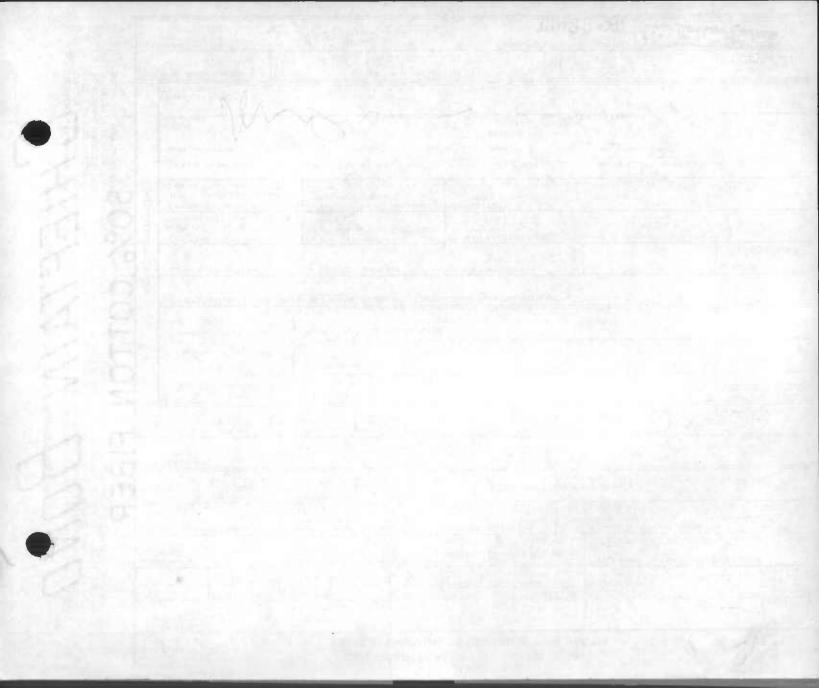
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JUN 15	1. DECEASED NAME	FIRST	MIDDLE		Li	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR }
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- TO	3 SEX	JANE	RACE	5	DATEO	F BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
sofe	FEMALE		BLACK		MONTH	18 15	72	YRS	MON HO! DATS	HOURS MIN.
have	To BIRTHPLACE THATE O	R FOREIGN 76	CITIZEN OF WHAT	COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
72 mg 5	COUNTRY		U.S.A		MARRIED			ODCEIC		MD.
led with	OCHEVERLY	ATH 11		AL, NURSING	HOME O	POTHER INSTITUTION	TIPE OF WORK FOR MOST et + Steam	Tabl	Man E	E-DITSINIESS OD
and be fi	USUAL RESIDENCE (IF NU 13a STATE	136 COUNTY	MER INSTITUTION GIVE RES		MISSION)	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 5379 Qui	/ ZIP CODE		26783
exomine	14 FATHER'S NAME FIRST Freder		C. Burr	oughs		Mary FIRST	Agnes		Dent LAS	r .
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ntol Hygue	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF INJUI HOUR A.M. M		YEAR	21¢ HOW INJURY OCCURR	YES NO PA			
s the bur h and Me	(IF EITHER NOTIFY ME  21d INJURY OCCU  WHILE NOTIFY AT WORK AT W	VHILE	21e PLACE OF INJU (AT HOME, STREET, FACT		A, ETC )	21F LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
od for use of the olf m 21 is mo	sow the deced	27a. I certify that (I) (this haspital) attended the deceased from 19 19 10 to 11 19 17 that (I) (this haspital) attended the deceased from 19 19 10 and that in (my) (down) opinion death accurred on the date and hour and from the causes stated above, (I) (this light) (did not) view the body after death.  27b. SIGNATURE  DEGREE  27c. DATE SIGNED								
State Dep	22d PHYSICIAN'S	AME LINE ORP	- Sily n	17		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN D	6:	12.87
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	BURIAL CREMATION	I, REMOVAL	6/15/87			METERY OR CREMATORY			P.G.	MD. STATE
16 60M 7/84 A 15, 4)	24 FUNERAL DIRECTOR WASH	NETZ H +	Sous 492	5- BUR.	KLUE	1 1111	REC'D. BY REGISTRA	Julia 1	Conder .	andres.

DHMH - 16 60M 7/84 (VRA 15, 4)

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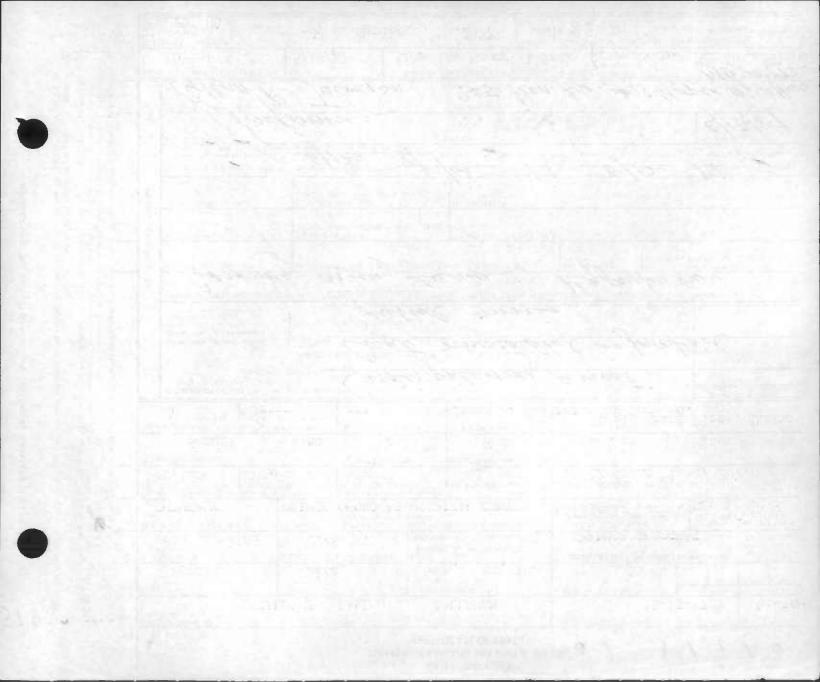
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	/ PEC I	turren o	7	
_			REG. I			
	1261	. DATE	OF DEATH	11711001711	DAY	YE.

	1.	STATE REGISTRAR	CERTIFICATE OF DEATH						10				
0 0000		CEASED NAME FIRE	,1	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR				
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a de la companya de l	10 C	ITY OR TOWN OF DEATH		ME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF	BUSINESS OR				
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n ond nonds	160 \	VAS DECEASED EVER IN U.	S. ARMED FOI		SECURITY NO.	James D. Call	ahan-Marlboro, M	e Place, d. 20772	Upper				
sicio pers.		18 CAUSE OF DEATH (En	ter only one co	ouse per ling for this I	hi, ond it w			APPROXIM- BETWEEN ON	ATE INTERVAL				
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SICI, registration of page 1	N S	(IF EITHER NOTIFY MEDICALEX	AMINER	P.M.	19								
O PHY	MEDICAL	WHILE NOT WHILE AT WORK	1070	PLACE OF INJURY HOME, STREET FACTORY, O	OFFICE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
Se os se os mort		22a. I certify that (1) this haspital) attended the deceased from 6/2, 19 1, to 6/12, 19 1, that II (we) last											
TTEN pitol TOR for u of Hi		sow the deceased oli above, (1 (we) (did )	veon	01100	19 01	nd that in (my) (our) opinion d	eoth occurred on the date and ho	ur and from the co	ouses stated				
hos hos ihed ept.		22b. SIGNATURE	n'	y sody oner deam		DEGREE		th DATES	GNED				
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F 5 - 4 3 - 3	23a 1	BURIAL, CREMATION, REMI Burial				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	Co. 12				
BP	24 5	INTERNAL DIRECTOR		16/87		ew Memorial Pa	REC'D. BY REGISTRAR 256. REGIS		Carolina				
DHMH - 16 60M 7/84 (VRA 15, 4)	Ri	chard A. Cole neral Home	eman -	Upper Mar	lboro, M	d.20772	N 2 2 1987	TRAR'S SIGNATUR	Condas				



156	3 D & JAN	h	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	1797	9
	. e=		CEASED NAME FIRST	MIDDLE	C C C C F 3	9	MONTH DAY YEAR 26 HOUR	P
3	de d		MOSHE	JOSEPH (	CARMEL	6 AGE (IN YEARS LAST BIR		M
-	ctor. p	3 SE	male	Wh.	5. DATE OF BIRTH  MONTH  DAY  YEAR  15  4/	45	MONTHS DAYS HOURS	MIN.
	1291		RTHPLACE STATE OR FOREIGN COUNTRY)	15 RAEL	MARRIED NEVER MARRIED	P D I ALC -	R COUNTY OF DEATH	
	14/14	NIB C	TSRAEL ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATI		MD.
10		1	LAUREL	13803 Briarwood	ADDRESS) Drive	ELECTRI	A	đ
ND 212	(0)		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW	N 13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIPCODE 207 ZIARWOOD DRIVI	- 40
ARYLAI		PEE	ATHER'S NAME FIRST	MIDDIE LAST	15 MOTHER'S MAIDEN N	AME	LAST FOX	
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IMORE	Page Page			NA 215-44-3	3155 WIFE -	Angela	See # 13 above	
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ORD	en si or to y inju	CATION	•	The Completion con willow	OPERATION WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE FINDINGS USED	
AL RECO	hos be to prince pri	三	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF DEATH  YES NO	?
JE VIII	physical phy	AL CERTI	21g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)	
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DIVISION OF	offer of the hond	×	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE, F	ARM ETC.)			
	or use of Healt		sow the deceased alive as	Tune 6 198	7, and that in (my) (our) opinion	deoth occurred on the de	ote and hour and from the couses state	
	thospi ched for Ched for Chem 2		22b. SIGNATUS	wield the body after death.	DEGREE ATTENDING	MEDICAL STAI	221. DATE SIGNED	
	TAL by the RAL Stote C	1	THE BY SICIAN'S NAME (TYPE	CO PRINTI	PHYSICIAN PHYSICIAN	DIRECTOR   PHYSIC	IAN 6/7/8	<u>Z</u>
(	FUNE ould be ould be that he S		14333	Laurel-B	owie Rd. LAU	rel, nd	. 20108	
(	5 € F # 3 ₹ 1	23n	BURIAL CREMATION REMOVA	1 23h DATE   23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	7 * * * * * * * * * * * * * * * * * * *	

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial

24 FUNERAL DIRECTOR

236 DATE

June 9,1987 Mt. Lebanon Cemetery

236 LOCATION
CITY OR TOWN
Adelphi

Tery Adelphi, Pr. Georges, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

WN 1 0 1987

- Earliegen Reddels

Ives-Pearson F.H. Falls Church, Va 22046

True !

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH!

1		CEASED NAME PIRST E OR PRINT)  PLYTH	WIEDTE	Ca	LAST	20 DATE KNOWN OF ESTI- DEATH MATED [	MONTH DAY THAT 126 HOUR
	F	maly Black	S DATE OF BIRTH  2/28/30	6. AGE (IN YEARS) LAST BIRTHDAY) 57 YRS.	MONTHS DATS HOURS	ER 24 HRS 26 DATE PRONOUNCED DEAD 26	MONTH DAY YE 24 HOLE
1	7a BII	RTHPLACE (STATE OR REION COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED X NEVER MAI	RRIED	OR COUNTY OF DEATH
-	1	North Carolin	a U.S.A.	W	DIVO	RCED Prince Ge	
11	10 C1	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL,		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYLE)	PE OF WORK 12h KIND OF BUSINESS OR INDUSTRY
1		heverly	Pricne Ge	orge Gen	. Hosp.	Housekeeper	Hotel
	13a S1	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNT TYland	Y 13c C	CITY OR TOWN	13d INSIDE CITY LIMITS		20743
2		ATHER'S NAME		pilor, ii	15 MOTHER'S MAI	IDEN NAME	K Ave.
		FRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
-		<b>iston</b> Vas deceased ever in U.S. arm		Mathews SOCIAL SECURITY NO	Evelyn O. 117 INFORMANT	ADDRES	Miller
1		ES, NO, OR UNKNOWN)   (IF YES, GIVE W	VAR OR DATES)	1-44-573			
/	1	No	24	T-44-3/3	o Berry C	Carr 608 Suffe	APPROXIMATE INTERVAL
)	7	PART 2 OTHER SIGNIFICANT (ONDITIONS C	E CAUSE DUE TO, OR AS A CO	CONSEQUENCE OF		luc Cardie VI	PLICE BETY ONSET AND DEATH
ノノ	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED?		70 AUTOPSY?
3	CAL CERT	210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIMÉ OF INJUR HOUR A.M. MON EATH P.M.		21¢ HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18	200
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU		II, LOCATION STREET	CITY OR TOWN	COUNTY STATE
2		22a I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE ACTUAL EXAMINER'S NAMED TO THE CONTROL OF PRINTY ACTUALS	of the remains described on couses Acide  A P Political Acide  A P Political Acide  A P Political Acide		Autopsy , Inspect Homicide  TITM (SPECIFY) M.D.  MADDE 1829	Inquiry , or Undetermined monner .  MEDICAL EXAMINER  Cay pure CA	DATE G-19-87 CASA MI
		URIAL, CREMATION, REMOVAL 23		36 NAME OF CEMETE	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Вι	urial	6/24/87	Boney Ce	metery	Saresta,	North Carolina
	24 FI	UNERAL DIRECTOR	600 Kenne	dy St. N	. W . 250. PAT	E REC'D. BY REGISTRAR 25b, REG	ISTRAR'S SIGNATURE
	R.1	N. Horton	Washingto			L 8 1987 Julia	Dendon- Hadres

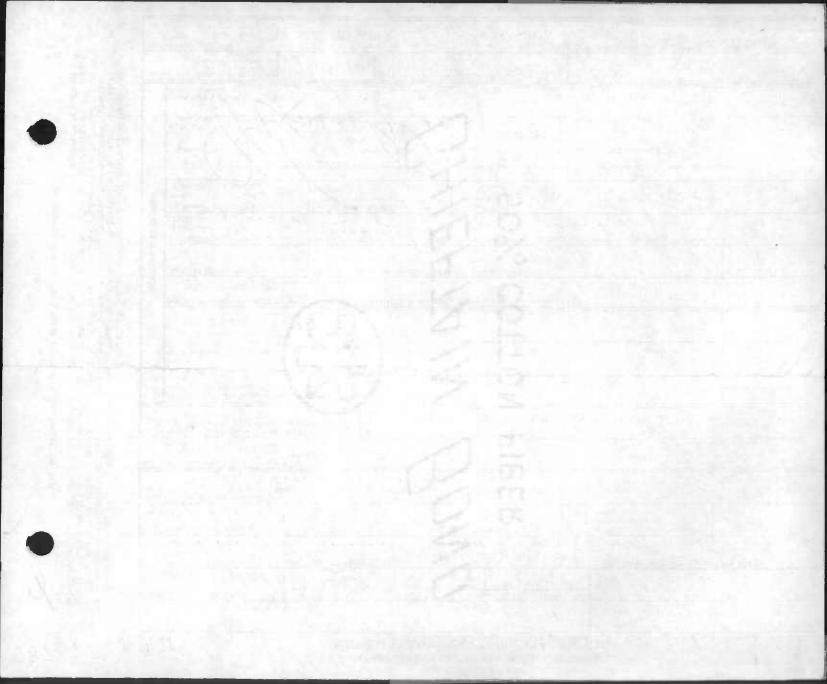
07/84

(VR A15 ME (5

R.N. Horton

Some Assessment of the second The Thoman fall and said 1911 Gold aly 1915 But I have Cheeped Reagang And They Medical Carlow and when I would be

A = 3			FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND	ENE	
0 5-7	5 2 G JUN	11-	STATE		DICAL EXAMINER'S		BATH! 1 7	0 2 1
			REGISTRAR CEASED NAME FIR		MIDDLE	LAST	20. DATE KNOWN MONT	TH DAY YEAR 25 HOUS
2			E OR PRINT)				OF ESTI-	L3-87 <sub>19</sub>
0/	SASE TOR TURS TURS TEET	3 SE)		INCENT 5 DATE OF BIRTH	CARTLE 16 AGE (IN YEARS   IF U	EDGE INDER 1 YR   IF UNDER 24 HR		
1/	STR STR	3 367	DIAC	MONTH DAY	YEAR LAST BIRTHDAY) MON		PRONOUNCED DEAD	20 HOU
P	TON TON		MALE BLAC	76 CITIZEN OF WI	Z4 YRS.		9. BALTIMORE CITY OR COU	3-87 19 6:30
-	CESS SERA SOR VITHIII	FO	RTHPLACE (STATE OR REIGH COUNTRY) IASH. D. C.	U.S.	MAR	RIED NEVER MARRIED	n	
	ED. V.		TY OR TOWN OF DEATH	II NAME OF HOS	SPITAL, NURSING HOME, OR OT	THER INSTITUTION 120 U	USUAL OCCUPATION TYPE OF WORL	- MI
	PARABE	Ca	pitol Hats.	5619 Coo	ledge Street	P	OR MOSI OF WORKING LIFE	NO_JE
21201	ITH IF ANY DELAY IS NECESSARY, PLEASE  1. 2. AND 3 TO THE FUNERAL DIRECTOR  3. RETAIN PAGE 5 FOR YOUR FILES.  1. 2. SHOULD BE FILED, WITHIN 72 HOURS  1. AL RECORDS, 201 W. PRESTON STREET		AL RESIDENCE (IF IN NURSING H TATE 136 C	OME OR OTHER INSTITUTION GOODNITY P.G.	130 CITY OR TOWN	13d INSIDE CITY LIMITS? 13e S	TREET ADDRESS 710 Davey ST	20143
III, MD.	71 2. 71 2. 72 3.	14. F/	THER'S NAME JONATHAN C.	AR'TLEDGE	LAST	IS MOTHER'S MAIDEN NAME LEVELA GIL	ME CHRISTODIE	LAST
ALTIMOI	B. GIVE PAGE WITH FORM T. PAGES U.A. DIVISION DE		VAS DECEASED EVER IN U.S.	. ARMED FORCES? . GIVE WAR OR DATES!	UNKNOWN	Lela Cartle	edge Capitol	ANSTID.
I W. PRESTON ST.,	PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o Narcotic (heroin, cocaine) intoxication  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (o) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF							
5, 201	EXXXXX			(c				
RECORDS,	NE DEC ENDING WEDICAL AS A BUI ALTH AN	Z		toxication	RUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PART 1 a		
REC	PHOUD BE DONNERS OF HER MEDIC USED AS A LOSED A	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
2	S DEST	5						
5	400 45 3	E	710 EXTERNAL CAUSE WA	S 21b TIME O	F INITIRY 1217	HOW INJURY OCCUPRED FENT	TER NATURE OF INJURY IN ITEM 18 PART I OR	YES X NO
ō	E E SEC		UNDERLYING TOOR	HOUR A.M	A. MONTH DAY YEAR	subject used dr		
O	PAR SON	MEDICAL	CONTRIBUTING CAUSE	THE WARRA	TE INTITION THE THE TENT	OCATION	.ugs	
DIVISION OF VITAL	ARITIN ARDED ARE DEI 1201 PR	WEL	WHILE NOT WHILE	IX None		619 Cooledge S	Street Capitol	Hgts., Md.
•	TO MEDICAL EXAMINER: THIS CERTIFICATE OF THE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHEMBER OF PAGE 3 SHOULD BE STORED AFTER DEATH WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAN CHEMBER OF THEMBER OF TH		death resulted from ACTUAL SIGNATURE	therige of the rangins der	Suicide Suicide	(MLE (SPECIFY) Chief M	. Inquiry , and in my determined manner , , , , , , , , , , , , , , , , , , ,	E 6-13-87
	SECULIAN TERM	1755	(TYPE OR PRINT	John E. Smi	alek, M.D.	- TIDDREGO	nn Street	
07 84		- (	URIAL, CREMATION, REMOVE BURIAL	7AL 236 DATE 6/20/87	Harmony (	Jemetery L	andover PGC	DUNTY STATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	NAME OF RIN	FUNERATORES	3821 14th St	JUN 23	BY REGISTRAR 236 REGISTRAR'S	SIGNATURE

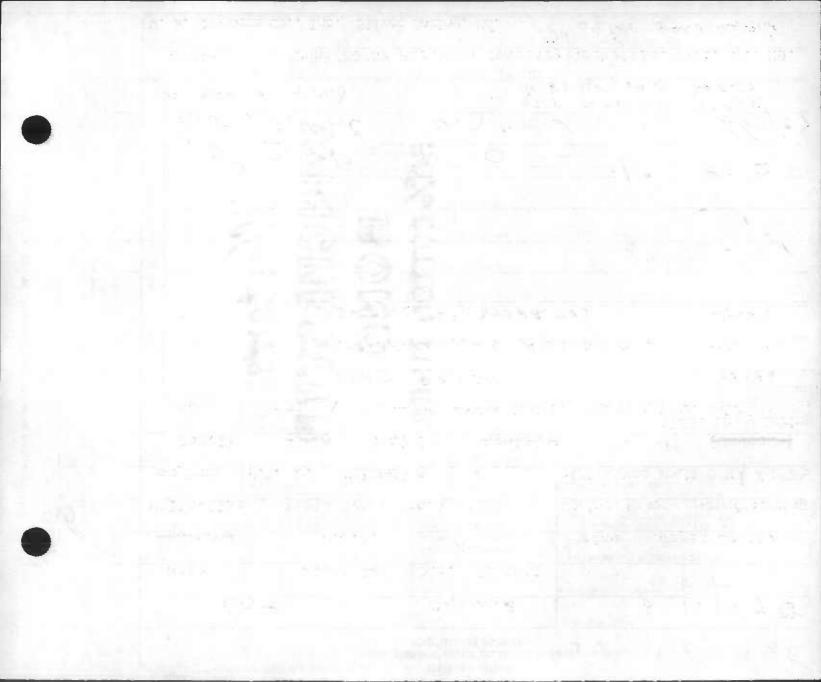


	ge 3 eoth	{TABE	AW	SIE		-	CI	4SIMIR	
	moy er d	3 SE)			RACE R	lack	5 DATE C	F 8 IRTH	6 AGE (IN YEARS LAST BIRT
	saft s		Male			anie	Dec	45 4040	74
	2 11001		RTHPLACE (STATE OR FI			WHAT COUNTR	Y2 8		9 BALTIMORE CITY O
	1 10 16		donduras	1	11	S.A.	WIDOWE	NEVER MARRIED	Prince 0
	1 6 6		TY OR TOWN OF DEA	тн 1	1. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATE
_	初号》	B.	eltsville		1 1 3 1 0	Evans	Trail	# 104	Cabinet Ma
120	3 11	USU	AL RESIDENCE (IF NURSI	NG HOME OF C		GIVE RESIDENCE BEI	ORE ADMISSION)		
ND 2	2 455		arvland	P.G.		Beltsvi		YES NO	136 STREET ADDRESS /
YLA	1 12/14	14. FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN	LOUISINA MIDDLE
AA	1 1760		Dorvil		_		imir	Louisi	
	20 S		VAS DECEASED EVER			166 SOCIAL SE		17 INFORMANT	ADDRE
WO		(,	NO OR UNKNOWN)	NOI	NAR OR DATEST	067-46	-6371		mir (Daughter
	PRDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 requires that the death certificate be executed within 24 hours as signed by the attending physician and came retily diffill in Then please remove corbon-papers. Pages in the burial, cremation, or removal.  Migray, or other traumatic event, the medical some recommendations are always.		18 CAUSE OF DEATH PART I. DEATH W	H Enter only AS CAUSED IMMEDIATE	BY	HETABT	ond ic	LVRE	
N ST	ding or rer		15 8	IMMEDIATE		R AS A CONSEC			
STC	deort		Conditions, if ony,		( b)_(	EREAK	IVASC	VLAR A	capent.
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	signed hen ple to burit	N O	PART 2 OTHER SIGN	HEIC ANT CO	ONDITIONS C	ontributing t	O DEATH BUT	NOT RELATED TO THE TE	rminal disease or cont
CO		A	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?
DIVISION OF VITAL RECORDS,	Po	CERTIFICATION	- 1						YES NO
ATI/	iySiCIAN. The ding physicio is certificate b buriol-tronsit Mental Hygie	CER	210 ACCIDENT WAS UND	-	216 TIME O		DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJUR
OF.	PHYSICIAN. ending physic this certifical te burial-tron ad Mental Hy d or Item 18	AL	OR CONTRIBUTING C			.M.	19		
O	G PHYSIC ottending er this cer s the burio ond Ment	MEDICAL	21d INJURY OCCURR			OF INJURY		211 LOCATION	CITY OR TO
VISI		×	WHILE NOT WH	ILE	(AI HOME SI	REEL PACTORY OFFR	E. PARM ETC )		
0	ENDING of or off OR After Use os the Health o		22a I certify that	this hospite	ol) ottended t	e deceased from		, 19	
	TTEN portol for u of Hi		saw the Second	d olive on	view the both	ofter death.	P) or	d that in (my)(our) opini	on death occurred on the do
	R ATTEI hospito IRECTOI hed for ept of H		176 SGNATUSE/		1	1		DEGREE	/
	by the hos by the hos ERAL DIREC e detoched Stote Dept		Multi	Dot	100	-L	M	ATTENDING PHYSICIAN	MEDICAL STAF
	= 0 11 0 10 1	1	TZETTITSICIANS NA		2.0 /	_		22e ADDRESS 97	15 MODIC
			MI CHOPU	Ko	41 M-	0_		Roc	okville, on
	or o		BURIAL, CREMATION,	REMOVAL	236 DATE	2:	NAME OF C	EMETERY OR CREMATOR	
	BP		Burial		June	20/87	Parkla	awn Cemete	ry Rockvill

DHMH - 16 60M 7/84

(VRA 15, 4)

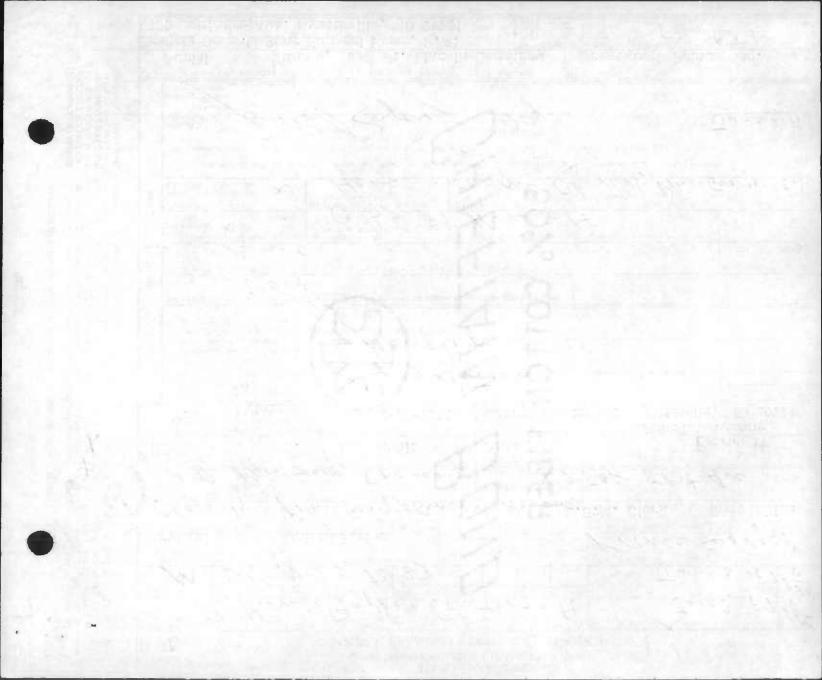
Item 15 Film G630 per FH 8-11-87 SB STATE OF MARYLAND FOR Film #629, Item #4,7a, DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 15 & 17, 7/13/87, sjb CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (YACHT IF UNDER YEAR R COUNTY OF DEATH Georges County MD. 126 KIND OF BUSINESS OR INDUSTRY Manufacturing ker ZIP CODE s Trail # 104 / 20705 (Unknown-) Louis 17630 Shady Spring c) Terr. Gaithersburg, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS WELKS DITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | RY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ate and hour and from the couses stated e, Mont. Co., Md. 250 DATE RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR W. W. Chambers Co., Inc. Silver Spring, Md.



- STATE REGISTRAR REG NO I DECEASED NAME OF ESTI-DEATH MATED N 72 HOURS TON STREET, DATE LAST BIRTHDAY PRONOUNCED United States Maryland

A. CITY OR TOWN OF DEATH Post Office BALTIMORE, MD. 21201 15 MOTHER'S MAIDEN NAME FATHER'S NAME William Centerfeit June 17 INFORMANT 166 SOCIAL SECURITY NO 2508 51st Avenue 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 215-58-9514 Cheryl Centerfeit Hyattsville, MD 20781 DIVISI BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g MENT OF HE. TO BURIAL. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI NO De TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY 8 CONTRIBUTING CAUSE OF DEATH II LOCATION WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram: Accident Undetermined manner TITLE (SPECIFY) I DEATH, EXAMINETERNAME TYPE OF FRINT 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial June 8, 1987 Ft. Lincoln Cemetery Brentwood Prince Geo. 07 84 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Ave. Hyattsville, MD 20781 (VR A15 ME (5))

STATE OF MARYLAND



FOR

REGISTRAR

FIRST

RODNey

DECEASED NAME

- STATE

056255

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

16000 Annapolis Road

Bowie, Maryland

CHANRY

20 DATE OF DEATH

MONTH

26 HOUR

IF UNDER YEAR

YRS BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician Md. State Roads 13e STREET ADDRESS / ZIP CODE 15501 Hall Road 20716 Wilson Crosby ADDRESS Same as 13e 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN June 11 1987 St Barnabas Church Cem. Leland, Prince George, 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Javidson. Kandall

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

Home

(SPECIFY)

24 FUNERAL DIRECTOR

Beall Funeral

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	b9	Changey				
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				Fr. I City age		M. pente.
				1 1 1 1 1 1	or geometr	
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FOR - STATE

hum after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6-26-81

j	16	REGISTRAR	CEN	CHICATE OF DEATH	REG. NO.	
	1 DEC	CEASED NAME WILLIAM		Icoate, Jr.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		CHILCOATE	WILLIAM		6/24	187 250 pm
	3 SE)	X	N. A.	ATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	WON'H CAY HOW MIN
	1	Male	white	"9" 21 1912	74 YRS	
7		RTHPLACE THATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY	
2		aryland	1164	OWED DNORCED	Prince George	County MD.
11	10 CI	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOA		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
7	1	urel	Laurel Beltsville		plumber	private
2/	DSU/	IL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	134 INSIDE CITY LIMITS?	13-STREET ADDRESS & ZIR CODE	20005
2	-1	Prin	ce George Beltsville		47.7	ge Ave. 20705
	FA	ATHER'S NAME	Chilcoate	15 MOTHER'S MAIDEN NAM	AE MIDDLE	Gladden
2(	/	William		Sr Maude		GTaddell
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY N	IO. 17 INFORMANT	ADDRESS	
			WII 577-07-70	00 Catherine J	. Chilcoate same	as #13
11		18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE	nly one couse per line for to, b and c	0.11 110.110.1	10000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a) CARDIO	PULIMONARY	ARREST	200 pm
			DUE TO, OR AS A CONSEQUENCE O	OF.		
		Conditions, if ony, which	( b)			
		gave rise to immediate cause o, stating the	DUE TO, OR AS A CONSEQUENCE C	OF		
		underlying cause lost	( c)			
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 1 o
_	CERTIFICATION	PAPAL CE	LL CA, DOWENTI	A, NOTWIAL P.	ressure 440m	OPHALUS.
1	ICA	190 DATE OF OPERATION	196 COMDITION FOR WHICH OPERA	AIRON WAS PERFORMED	200 AUTOPSY? 200 IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
,	RTII		216 TIME OF INJURY	121. HOW BLUDY OCCUPA	YES NO YE	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY NAMED IN THE PARTY NAMED IN	EAR THOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 F	ART OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19 21/ 10C ATION		
	MED	216 INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE FARM ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK		1000	PARCENT	
		sow the deceased alive on	tol ottended the deceased from	7 7 5	leath occurred on the date and hou	19, that (II (we) lost
		above, (1 (we) (did) (did no	t view the body ofter death.			
		AL SIGNATURE	11 /	DEGREE ATTENDING .	MEDICAL STAFF	22c. DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)	PHYSICIAN L	MEDICAL STAFF DIRECTOR   PHYSICIAN	0104/0/
		LUIS 1	9. CASAS MD	A	HERRY LA LINE	בארת המו אונו מוסו
	0.0		311,112			rec 8.0 2010/
		BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	Brentwood Prin	COUNTY STATE
		Burial	6/27/87 Ft.	Lincoln	DI GIIOMOOG LI, TI	rea dant Re Ly

DHMH - 16 60M 7/84

Dona Mad Divisio Borgwardt

4400 Powder Mill Beltsville Md 20

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicies should be detached for use as the burial-transit permit. Then please remaye carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal In them 21 is marked or them 18 shows ony injury, or other troumatic event, the

OR ATTENDING PHYSICIAN: The law offending physicion.

TO HOSPITAL OR ATTENDIN

BP.

(VRA 15, 4)

KIND OF WHAT AND SELF SHOWER LA SALLE OB SOLEN 014/87 1 6/12 37 1 483 ALBERT PARTY CEEC CO. MENERGIA PORTURE PRESSURE HADROCHLING 75 2043 VARABARA 6416155T 15-161 18161 27 TO 6 /24/87.25

certificate be

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STATE	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYCIENS.

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	wy	O
	-	100

1 - S'	TATE EGISTRAR		DET ARTH		ICATE OF DEATH	REG. N	10	7 (	5 /
	ASED NAME FIRST		MIDDLE	-	A 1	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
TYPE OR	ELLA	J.	CH	HITTA	M		06 13	3 87	1:10Am
3 SEX		4 RACE		5 DATE		6 AGE (IN YEARS LAST BI	THDAY)	F UNDER ! YEAR	IF UNDER 24 HRS
Fe	male	Blac	k	Apr		80	YRS	DATA DATA	HUURS MIN.
To BIRTH	PLACE MATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	wie, Maryla	nd U	SA	WIDOW		PRINCE GE	ORGE'S	COUNT	Y MD.
	OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	VERLY	PRINCE	GEORGE'S	HOSP	ITAL CENTER	Housewi		INDUSTRY	
JSUAL F 130 STA	RESIDENCE IF NURSING HOME OF		13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	2	カフノニー
	ryland P.G		Bowie		YES NO	12705 D	uckett	Town	n Rá
14 FATH	ER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		LAS	aT.
Tr	ruman Ducket	t			Mattie		(	Glasc	0
	DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		THE RESERVE OF THE PERSON OF T
no			578 28	648	Mary Brow	wn-niece-	13222	llth	Street
18	CAUSE OF DEATH Enter or	ly one couse per	line for to , (b , one	d icili	Bowie	Marylan	d	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	ID BY. TE CAUSE (0)	Earce	non	of of the i	elm		5	years-
		DUE TO, O	R AS A CONSEQUE	NCE OF	,				4
	Conditions, if ony, which	( b)_							
Č	gove rise to immediate ouse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
<u>_</u>	inderlying couse lost.	( (c)_							
	ART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0
CERTIFICATION									
I CA	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	OF DEATH?
E L					1	YES NO	YES		NO 🗌
	a. ACCIDENT WAS UNDERLYING RONTRIBUTING CAUSE OF DE	LIGUE A		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2	
CAI	IF EITHER NOTIFY MEDICAL EXAMINES	P.	M.	19					
9	d INJURY OCCURRED	121e. PLACE	OF INJURY REET FACTORY, OFFICE, FI	ARM ETC )	211 LOCATION STREET	CITY OF TO	NWN	COUNTY	STATE
	WORK NOT WHILE							0.5	
22	a. I certify that I (this hospi	1 1	10	77	19.85	. 10	£ 3 15		that (1) we) last
	sow the deceased alive on obove. (I) we did did no	t view the body	after death.		nd that in (my) Jour) opinion o	death accurred on the d	ate and hour o		
22	b SIGNATURE	, W	091		ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
	Tue	50	Thou	2	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌	161	14181
22	N ELJO	PRINT)	1 2000	MAN	3231 SY	PERIOL	-ANE	Sou	15
	IAL, CREMATION, REMOVAL	73h DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	December 10 10	Turn o	70 700	7 7		h		7	24 7

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burnal-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked of

offending physicion.

OR ATTENDING

etoined by the hospital HOSPITAL

BP

injury, or other troum

Buria 24 FUNERAL DIRECTO Lincoln Cemetery Brentwood Maryland
250 DATE RECO. BY REGISTRAR 256 REGISTRAR 200 NATURE 24 1987

Home-4001 Benning Road Stewart

		STATE REGISTRAR		ME	DICALE	XAMINE	R'S CERT	IFICATEC	ROEATH	1	1 3	8 8	
5 6 4 5 7 JULI	1 06	CEASED NAME PE OR PRINT)	FIRST		MICHULE	a	LAST		20 DATE	ESTI-	MONTH	DAY YEAR	26 HOUR
PLEASE RECTOR. IR FILES. I HOURS	3 SEX	( 14	Harv	DATE OF BIRTH	5	6 AGE IN YEAR	how.			MATED [	MONTH.	8 19 87 DAY YEAR	M 2d HOUR
P. P		Tak !	White	MONTH DAY	1912	75 YRS	MUNTHS D	AYS HOURS	MIN PRONOL	INCED	6-8	87	339
新新教育文	50	RTHPLACE (STA PREIGN COUNTRY)	TE OR	U.S.A.	HAT COUNT		MARRIED Z	NEVER MARR	IED L	MORE CITY	_	OF DEATH County	7
Canada A		irginia ITY OR TOWN O	F DEATH	II. NAME OF HOS		SING HOME,	OR OTHER IN	STITUTION	120 USUAL OCC	UPATION (TY	_	KIND OF BUS	SINESS
<b>一种</b>	Acres .	anham		Doctor's			P.G. C	County	Musician	RKING LIFE)	5	Self Emp	oloyed
10213	13a S	TATE aryland	13b COUNT P.G	ROTHER INSTITUTION GE TY	Lanh	OR TOWN	) 13d. II YES	NSIDE CITY LIMITS?	9123 6th	Stree	t 2070	)6	
E. MD.	14. F.	Harvey	,	MIDDLE	Cho	ôwn		Vivian	NAME	MIDDLE		Chase	
SALTIMORE. S AFTER PA GIVE PA TITH FOR PAGES 1 AN VISION	1 (3	ES NO OR UNKNOW				AL SECURITY		FORMAN (WI				Court	20726
0 . > . O	Y	es-Army		y ane couse per l		03-5095	AI	nnette K	. Chown	Owen	is, ivial	AJA XIMATE	NTERVAL
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU STITING THE WORD "PENDING". IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG V SE3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, E OT PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CREMATION, OR	gave rise cause (a) s lying cause	PERAPONI CAUSE WAS	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONS	SEQUENCE OF  SEQUENCE OF  EO TO THE TERMINA  WHICH OPERAT	ION WAS PE	RFORMED?	RT I to	NJURY IN ITEM 18	PART I OR PART :	20 AUTOPSY? YES	NO C
UNER: THIS FICATE, W E FORWAR STOR: PAG 1 THE STAT LAND, 212	MEDICAL	21d INJURY OF	CAUSE OF ECURRED NOT WHILE AT WORK	P.M. PLACE C	DF INJURY ORY FARM, ETC	19 (ATHOME,	Autopsy	. Inspection	CITY OR T	ar or	COUN'		STATE
TO MEDICAL EXAMI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AATER DEATH, WITH BALTIMORE, MARYL	23e. B	EXAMINER'S (TYPE OR PRII) URIAL, CREMATI	Augun Augus DN, REMOVAL 2	DPRO A	11 GA	WZ /	M.D. ADDR	Leguly ESVO 9 MATORY	MEDICAL EXA	MINER	DATE SIGNED.	6-8	-87
07 84 BP	24 F	Bur UNERAL DIRECT	OR	6/11/87		klawn (		ry 250. DATE F	Rockvi	le Mor			<del>yland</del>
DHMH - 17 (VR A15 ME (5))	Fi	rancis G 139 Balti	asch's S more Av	ons Funei enue Hya	ral Ho ttsvill	me, P., e, Md.	A 20781	36	IN 1 2 196	37 8	use glassia	STATE OF THE PARTY	

STATE OF MARYLAND

There is the said to proper soft sory They all they want in the state of the and the state of the CASEM

STATE OF MARYLAND

Charles the Bly aid Laterman

Male Barrens

Charles The Dantes Liver

# 67/200 sts / 1/2 11/200

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6-17-82

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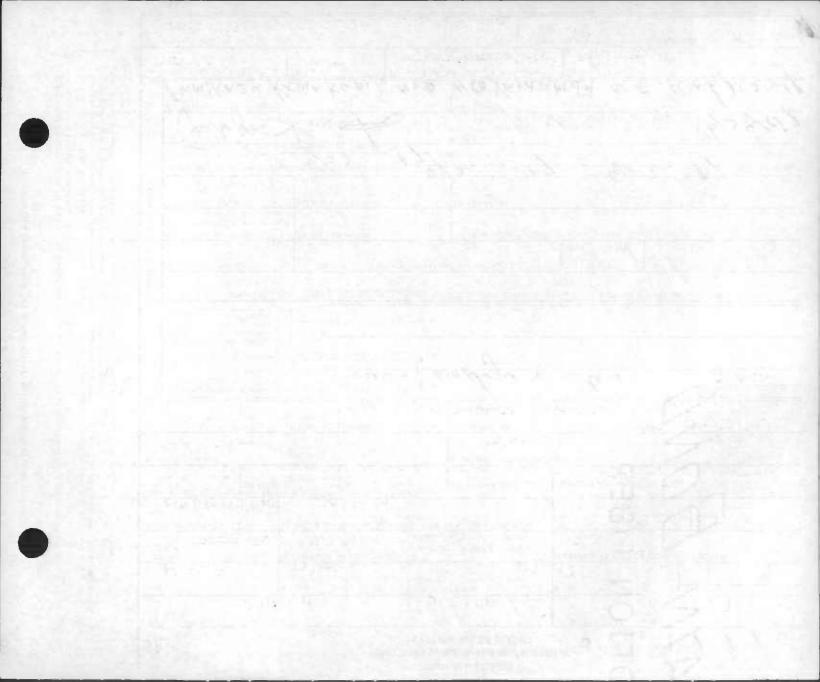
8785 JUL-8	17	FOR STATE REGISTRAR		RTMENT OF I	E OF MARYLAND LEALTH AND MENTAL HYG CICATE OF DEATH	B / REG.	٧٥.	7 9	9 0
moy be page 3 ter deoth		CEASED NAME FIRST PIRST	RACE	COL 5 DATE O		20 DATE OF DEATH	6-8	23-87 IF UNDER YEAR	28 HOUR 1535 M IF INDER 24 HRS
Page 4 director	Zn Bi	MALE RTHPLACE STATE OR FOREIGN 76	Black CITIZEN OF WHAT COUNT	13	1907	79 9 BALTIMORE CITY	YRS OR COUNTY	OF DEATH	HOURS MIN.
in 72 h		Washington, D.C.	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	P.G.			MD.
by the fu	10 C	AKOMA PARK	1. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST		DR OTHER INSTITUTION	12d USUAL OCCUPA 1TYPE OF WORK FOR MOST Unemploye	OF WORKING LIFE	126 KIND OI INDUSTRY NOT	F BUSINESS OR
AND 212	130 5	AL RESIDENCE IN NURSING HOME OR O. TATE 136 COUNT		OWN	13d INSIDE CITY LIMITS?	#9 - 47th		E. 200	19
MARY1.		THER'S NAME John Coleman	DDLE LAST		Daisy	WE		Dawsor	n
MORE, nond co	-	VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIALS WAR OR DATES)  578-	2-9837	Annabelle Mar			nor Pl. D.C. 20	
, BALT		18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY.	ond ic	1/	do			MATE INTERVAL DINSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician.  Wher this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be fill this and Mental Hygiene prior to burial, cremation, or interpretation of examined misst be incarked or Item 18 shows any injury, ar other traumain.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b)  DUE TO, OR AS A CONSE (c)	OUENCE OF					
iow require s been significant. Then p prior to buy	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WH			200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
iCtan: The I		21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURE	YES NOW	YES		но 🗆
UC PHYSICIA outending ther this certific free this certification as the buriol-th th and warmid	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	277	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
NR ATTEND hospital a hospital a hed for use ept af Hea		22a.1 certify that (I) (this hospito saw the deceased alive an obove (I) (we) (did) (did not) 22b SIGNATUR)	123	9 7 / , 01	nd that in (my) (our) opinion (			ond from the c	
O HOSPITAL C eronned by the TO FUNERAL D should be detoo. with the State D		72d PHYSICIAN'S NAME ITYPE OF P FUMIKAZU K	cuakam!	4,0	ATTENDING PHYSICIAN (	MEDICAL STA		Jan 2	( )0019
D = 0 + 3 - 3			23b. DATE 6-30-87	Harmony	EMETERY OR CREMATORY Memorial Par	23d LOCATION CITY OF TOWN Landove	r, Md.	COUNTY	STATE

BP\_ DHMH 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Vann & Williams, 4804 Ga. Ave., N.W., Wash., D.C.

Park Landover, Md.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR SSIGNATURE



## STATE OF MARYLAND

	Ö	REG.	NO.	/	y	7
DA	TE OF	DEATH	MONTH	DAY 4	8	2b H

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE B / REG. N	0.	7 9	9 1
	CEASED NAME E OR PRINT) ME	arcel		MIDDLE	C	ourtillet	20 DATE OF DEATH	MONTH	4 87	26 HOUR
3 SE	Male		Caucasi	ian	5 DATE (	DE BIRTH 26/26°  YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF JNUER LYEAR	HOURS MIN.
	IRTHPLACE (STATE ORI	OREIGN	76 CITIZEN OF France	WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DIVORCED	Prince G			MD
]/c	amp Springs	5	55'T1' At	th Road	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Attache		LIFE) INDUSTRY	h Govt.
M	AL RESIDENCE (IF NUPS STATE aryland	13b GOUL		Camp Spr.		YESXX NO	13e STREET ADDRESS . 5511 Auth		2074	6
1	ather's NAME FIRST arius		WIDDLE	Courtille	et	15 MOTHER'S MAIDEN NAM FIRST Germaine	WIDDLE		Jaco	quet
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	( IF YES, GI	MED FORCES? VE WAR OR DATES) N/A	None None	RITY NO.	Alice Courti	ADDRE			MATE INTERVAL ONSET AND DEATH
	Conditions, if any, gave rise to immoved to state underlying cause	nediate ig the	(b)_	R AS A CONSEQUE			0			
CERTIFICATION	PART 2. OTHER GR	mm	M. F	ninur	_	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b IF YE	ES, WERE FINDIN	NGS USED
RTIFIC	71a. ACCIDENT WAS UNI	VEBLVING T	7 21b TIME C	DE INTITION		21c HOW INJURY OCCURR	YES NO	Y	IFYING CAUSES	OF DEATH?
	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DE	HOUR A.	M. MONTH DA	YEAR 19		ED TENTER NATURE OF INJUI	CA IN IIEW IR	HART I OHNARI ZI	
MEDICAL	21d INJURY OCCURION AT WORK AT WORK 220.1 certify the (1) soy the decease above (1) we (1) (1)	this hosp	ital) attended th	REET, FACTORY, OFFICE,	10	211 LOCATION STREET  19  19  10 (my) (dur) apinion of	city OR TO		COUNTY.	that (I) (we) last causes stated
	226 PHYSICIAN'S N	T	· Wh	ANG	>	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MFOICAL STAI DIRECTOR   PHYSIC		22c DATE	TN T
			. Denni:	S		831 Univers	ity Blvd. E	ast S	Suit 35	Sil. Spg

231 NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/84

MPORTANT: If It

Old Alexander Ferry Rd Clinton, Md 20735 (VRA 15, 4) 6633

236 DATE

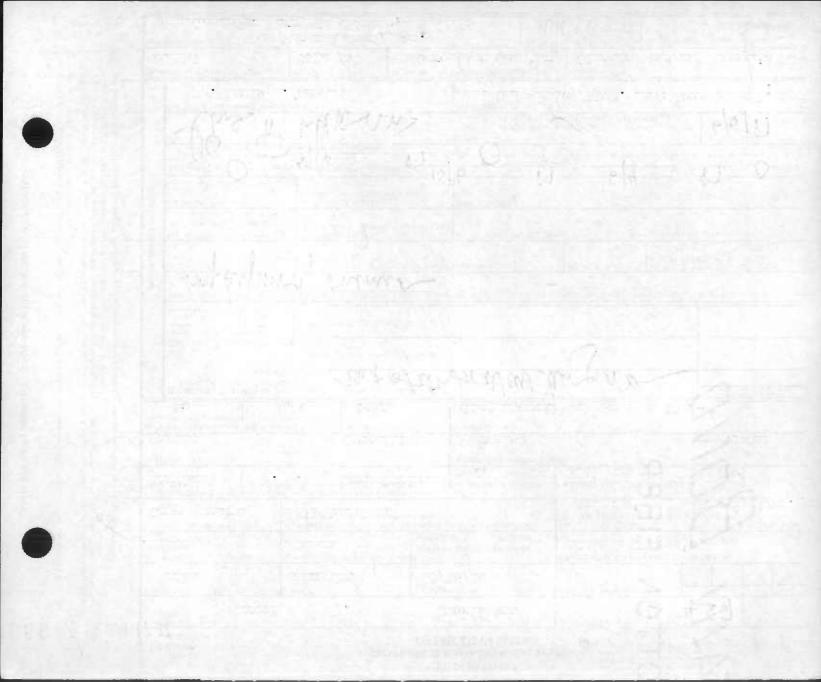
06/08/87

230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

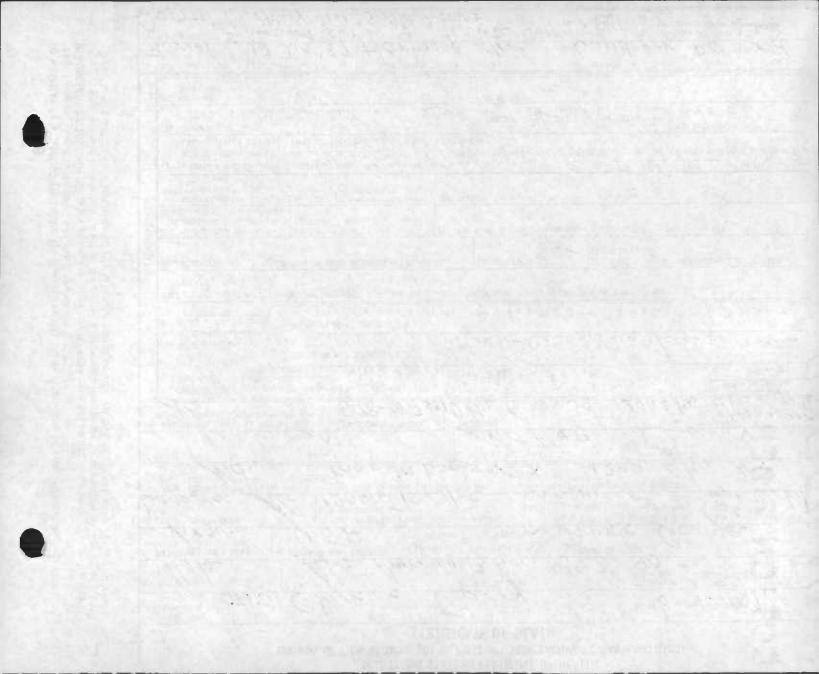
Clinton Prince George's MD Resurrection Cemetery 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral s 1 and 2 ter death. DECEASED NAME First Middle 2a. DATE OF DEATH Last 2b. HOUR (Type or print) ofter. after 3. SEX S. DATE OF BURTH by Tine 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS 24 hours Ta. BIRTHPLACE (State ar fareign 7b. CTITEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) DIVORCED. WIDO WED poper filled E. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done within 2b. KIND OF BUSINESS OR and completely fil give street address) during most of working life, even if retired.) event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3e. STREET AND NUMBER 13d INSIDE CITY LIMITS certificate be executed admission) STATE 13b. COUNTY riner and o 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last ling physicion a Then please removal, and it 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) signed by the ottending physi burial-transit permit. Then pl burial, cremotion, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave that rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause 012117 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been see as the better the prior to be 19a. DATE OF OPERATION 19b/CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate ho director, page 3 should be detached for use should be filed with the State Dept. of Health p YES [ NO F by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn Caunty State OFFICE BUILDING, ETC While Nat while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 1987 and that in (my 1986, to 26 may and that in (my) (aur) apinian death accurred an the date and have and from the 4 may be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 226 PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Spegfy) 25h REGISTRAR'S SIGNATURE RANDON 24 FUNERAL DIRECTOR 25 Q REF IN BY RECUSTRAR VR A15 (4) 45M

MARYLAND STATE DEPARTMENT OF HEALTH



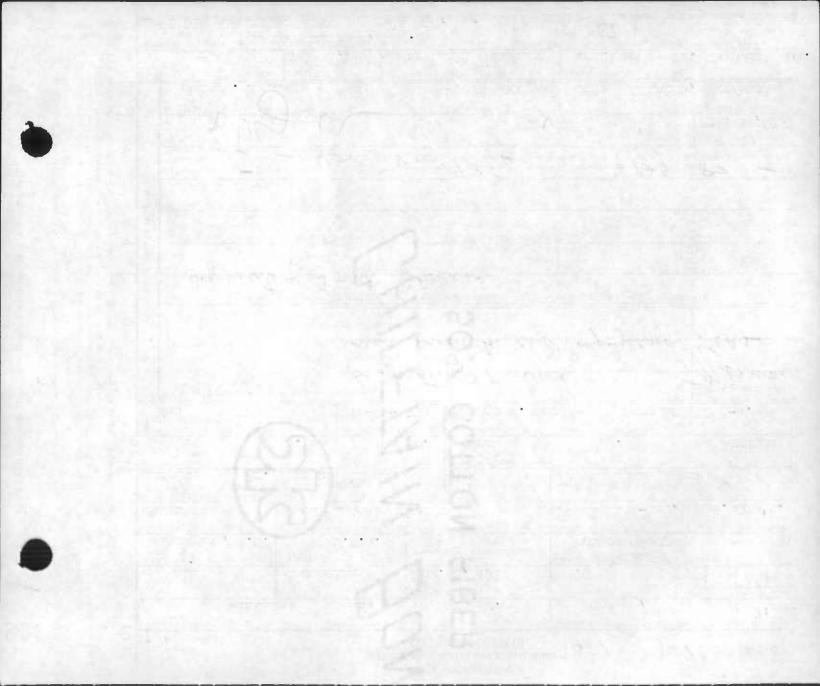
FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4	1 DEC	EASED NAME	FIR 1	N	AIDDLE	t	AST		O DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
	TYPE	OR PRINT	illiar	n s	Smith	П	are Jr.		June 29	, 198	37	7:30AM
14	3 SEX			RACE		5 DATE C	OF BIRTH		AGE (IN YEARS LAST BIR		IF NOEP YEAR	FUNDER JAHR
		Male		Caucasi	ian	Nov.	8, Î916	YEAR	70	YRS	WE THE ME	HOURS MIN
10		RTHPLACE L'E GAF	OREKON I	b CITIZEN OF	WHAT COUNT	RY? B	D X NEVER MARK	RIED D	9 BALTIMORE CITY OR COUNTY			
/	Was	shington,			J.S.A.	WIDOWE	D DIVOR	GED 🔲	Prince G		S	MD.
X		TY OR TOWN OF DEA <b>inton</b>	ТН	9602 M	HEACHITY GIVE S	TREET ADDRESS!	OR OTHER INSTITUT	ION	20 USUAL OCCUPATION OF WORK FOR MOST OF SPECIAL ST	E WORKING LE	FEI INDUSTRY	F BUSINESS OR
0		AL RESIDENCE OF NURS	NG HOME OR						DPCCIAILSC	-IVEC.	rea.	Gov't.
5	13a S		136 COUN		13c CITY OR 1	OWN	130 INSIDE CITY L YES X NO	_	9602 Mich			0735
X	14 FA	THER'S NAME		NODLE	1		15 MOTHER'S MA	IDEN NAMI	MIDDLE		105	
0	Wi	lliam	~	S.	Dar	e Sr.	Edna		W.		Balde	rston
1		AS DECEASED EVER	IN US ARA	MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMANT		ADDRE	SS		
1		Yes	WW I		578-09	0160	Gladys H	K. Dar	e Sa	me as	#13 a-	e.
		18 CAUSE OF DEATH	AS CAUSED	BY	line topo . Ib	ond c	5. Fu	- Ou	4		BETWEEN O	MATE INTERVAL ONSET AND DEATH
			IMMEDIATE	CAUSE (a)	per	maria	0-10	un			1110	Micols
		Conditions it can	b. ab	DUE TO, OR	ASTACONSE	OUENCE OF	uchites	1	Englys	1	400	
		Conditions, if any, gave rise to imm cause to statin	nediate	b)	Conce	100	ucours_	ande	Jones of the second	and s	1.00	
		underlying couse		DUE TO, OR	AS A CONSE	OUENCE OF						
		PART 2 OTHER SIGN	IFICANT,C		NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART I	
	NO	Deagle	parti	10 - T	First	Dial	2010					
	CAT	190 DATE OF PERAT	101	196 CONDI	OTION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY?		S, WERE FINDIN	
1	CERTIFICATION			1375					YES NO		S 🗍	NO []
5	CER	210. ACCIDENT WAS UND		216 TIME OF		DAY YEAR	21c. HOW INJURY	OCCURRE	D TENTER NATURE OF NIUS	THITEM IB	PART OR PART 21	
-1	CAL	OR CONTRIBUTING C		P A		19						
	EDICAL	21d INJURY OCCURR	ED	21e PLACE C	OF INJURY	LVE EADA ETC	211 LOCATION	X III	CITY OR TO	WN	OUNTY	STATE
	×	AT WORK AT WOR	ILE C	(ATTIONE STATE	ar racioni on	n, c rann erc	1					
		22a I certify that (1)		//-	decrosed fro	om	1985.19		. 106,	129	9 /	that (I had) last
		sow the decease	d alive on_	view the body		957 01	nd that in my	opinion de	oth occurred on the do	ite and hou	n and from the	couses stated
		22b. SIGNATURE	111 -			- 2773	DEGREE	ID II IO A		-	22c DATE	SIGNED
-		$\alpha$	VU	+11			PHYS	ICIAN	MEDICAL STAF	IAN	June	30,1987
1		224 PHYSOCIAN'S NA	ME VITTO	1			22e ADDRESS					
1		Louis V.	Kau	man			8926 Woo	odyard	l Road C	Clinto	on, Mary	land
		URIAL CREMATION.	REMOVAL	23b. DATE		230 NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
		Burial		July 1	,1987	Cedar F	Hill Cemet	tery	Suitland	l I	Pr. Geor	rges Md
34	24 FL		Lee F	uneral	Home,	Inc.		250 DATE	REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNAT	URE
	66	33 Old Ale				Clinton	Md.	JUL	(J) 11 13917		ELITA	S STATES

DHMH - 16 60M 7/84 (VRA 15, 4)



within 24 hours after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG	МО	i	7	9	9	4
ATE OF	DEATH	MONTH	DAr	YE AS	2	HOUR	

3	TYPE C	EASED NAME	EIRST D		AIDDLE	LAST	24/	20 DATE OF DEATH	MONTH DAY YE	25. HOUR
1 3		201		elores		1050		6 AGE IN YEARS LAST BH	/	11
	SEX	-EMALE	4 R	W	hite	DATE OF E	29 09	78	YRS	FEAR IF INVER
//		THPLACE ATEUR			WHAT COUNTRY? 8	MARRIED	NEVER MARRIED	9 BALTIMORE CITY		TH Cla
/		hington (S		U.S.A	HOSPITAL, NURSING	VIDOWED Y	DIVORCED [	PRINCE (	GEORGE	ND OF BUSINES
3	RIU	BROALE	. 4	EL AL	H FACILITY, GIVE STREET ADD	DRIAL	HOSPITAL	Housewife	OF WORKING LIFE INDUS	
5	JSUAI Nar	yland	P.G.	ER IN TIUTION	Riverdale	3	NO DE CITY LIMITS?	4707 River	dale Road	20737
X	4 FAT	HER'S NAME Henry	MIDE	DIE	Budding	15	Donna	WE		oolittle
- 2		AS DECEASED EVER	IN U.S. ARMEL		166 SOCIAL SECURIT 229-22-33	1	Robert David		5500 Berkl	ey Mano
1	10				225-22-33.	70 1	TODE! L David	35011 (3011)		PPROXIMATE INTERV
			e lost	1C)		. 6	my pari	Losu		
	NO		NIFICANT CON				OT RELATED TO THE TERM			
7	NO	PART 2 OTHER SIG	NIFICANT CON		ONTRIBUTING TO DEA			NINAL DISEASE OR CON  200 AUTOPSY2  YES NO	10 IF YES, WERE FI IN CERTIFYING CAI	INDINGS USED
77	CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING	NIFICANT CON	196 CONDI	TION FOR WHICH OF FINJURY M. MONTH DAY	PERATION Y		200 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
779	CAL CERTIFICATION	190 DATE OF OPERA	NIFICANT CON  ATION  IDERLYING  CAUSE OF DEATH  ICAL EXAMINER)	21b. TIME O HOUR A P.,	TION FOR WHICH OF FINJURY M. MONTH DAY M	YEAR 19	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO []
77	MEDICAL CERTIFICATION	710. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER NOTIFY MED 21d. INJURY OCCUR	NIFICANT CON  NITION  IDERLYING  CAUSE OF DEATH IICAL EXAMINER)  IRED  (this hospitol)	21b. TIME O HOUR A P.J. 21e PLACE ( IAT MOME, STR	FINJURY M. MONTH DAY M. OF INJURY OF INJURY OF INJURY OFFICE FARM	YEAR 19 2 ALETC) 2	WAS PERFORMED  THE LOCATION STREET  That in (my) (our) opinion	200 AUTOPSY?  YES NO NO NEED (ENTER NATURE OF INJURE OF	20b IF YES, WERE FIN CERTIFYING CAI YES  UPY IN ITEM 18 PART OR PARE OWN COUNT	INDINGS USED USES OF DEATH NO TO THE PROPERTY OF THE PROPERTY
77	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIW AT WORK AT WOR 220 I certify that (1	NIFICANT CON  ATION  IDERLYING  CAUSE OF DEATH  IICAL EXAMINER)  RRED  (this hospitol)	21b. TIME O HOUR A P.J. 21e PLACE ( IAT HOME, STR attended 1).	FINJURY M. MONTH DAY M. OF INJURY OF INJURY reet factory office farw e deceased from	YEAR 2 YEAR 19 A.EIC ) DEI	WAS PERFORMED  THE LOCATION STREET  THOU INJURY OCCUR  THE LOCATION STREET  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO NO NEED (ENTER NATURE OF INJURE OF	20b. IF YES, WERE FINCERTIFYING CAI YES  DWN COUNT  20c. 19 22c. C	INDINGS USED USES OF DEATH NO TO THE PROPERTY OF THE PROPERTY
77	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING [ If EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY ALL AT WORK NOT WAT WE 220. I certify that (1)	NIFICANT CON  ATION  IDERLYING  CAUSE OF DEATH  IICAL EXAMINER)  RRED  (this hospitol)	21b. TIME O HOUR A P.J. 21e PLACE ( IAT HOME, STR attended 1)	FINJURY M. MONTH DAY M. OF INJURY OF INJURY reet factory office farw e deceased from	YEAR 2 YEAR 19 A.EIC ) DEI	WAS PERFORMED  THE LOCATION STOREET  THOU INJURY OCCUR  THOU IN I THOU INTO INTO INTO INTO INTO INTO INTO INTO	200 AUTOPSY?  YES NO NO NITY OR ICE  NED (ENTER NATURE OF INJUDENT	20b. IF YES, WERE FINCERTIFYING CAI YES  DWN COUNT  20c. 19 22c. C	INDINGS USED USES OF DEATH NO TO THE PROPERTY OF THE PROPERTY
7	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIW AT WORK AT WOR 220 I certify that (1	INIFICANT CON  ATION  IDERLYING CAUSE OF DEATH  IICAL EXAMINER)  RRED  (this hospital)  IAME (TYPE OR PR  HAMP CAUSE OF	21b. TIME O HOUR A P.J. 21e PLACE ( IAT HOME, STR attended 1)	FINJURY M. MONTH DAY M OF INJURY EET FACTORY OFFICE FARM  ded deceosed from 19 11 12 13 13 13 13 13 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	YEAR 19 2 A.EIC ) 2 DEG	WAS PERFORMED  THE LOCATION STREET  THOU INJURY OCCUR  THE LOCATION STREET  ATTENDING PHYSICIAN	TO AUTOPSY?  YES NO NO NOTION NO N	20b. IF YES, WERE FINCERTIFYING CAI YES  DWN COUNT  20c. 19 22c. C	INDINGS USED USES OF DEATH NO TO THE PROPERTY OF THE PROPERTY

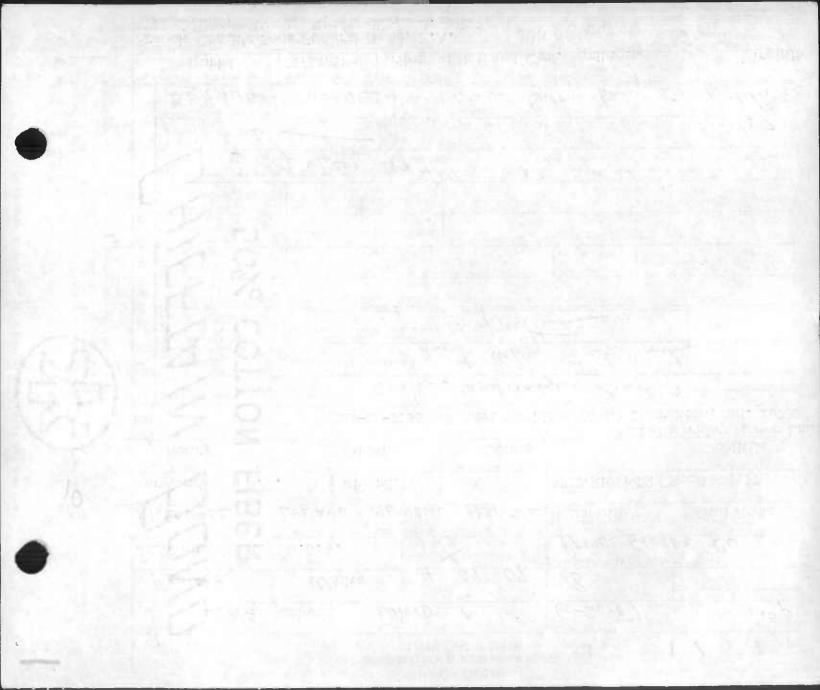
DHMH - 16 60M 7/B (VRA 15, 4)

ATTENDING PHYSICIAN: The ospital or attending physician.

TO HOSPITAL retained by the

BP.

FOR



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STATE OF MARYLAND

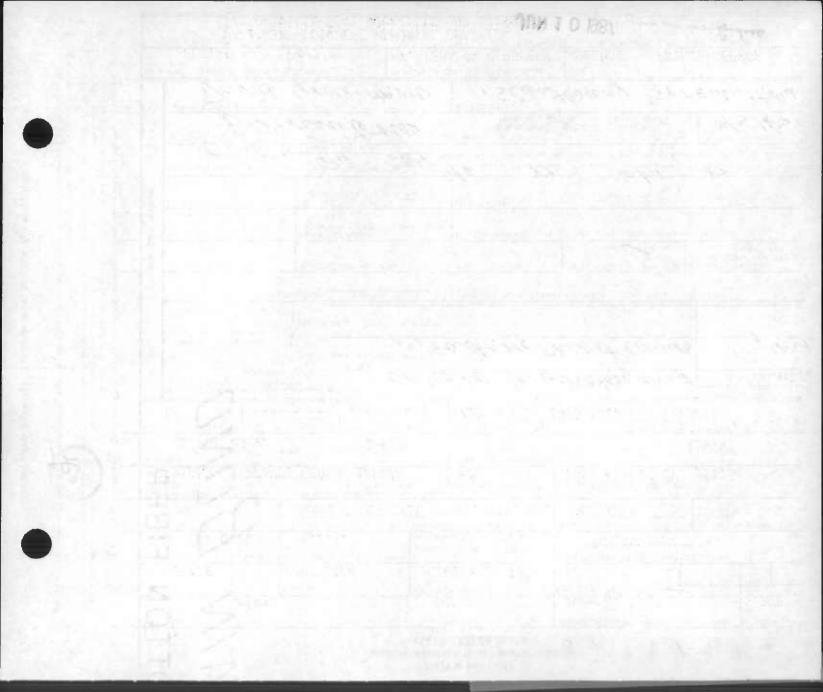
	1-	STATE REGISTRAR		DEPARIMEN		CATE OF DEATH	REG. NO.	1 7	9	3	
			RS1	MIDDLE	LA	SI	20 DATE OF DEATH MON	NTH DAY	YEAR 2	b HOUR	
	TIANE	OP PRINT) Ani	ta		DA	VIS	June 4, 198	7	1	5:30P M	
	3 SEX		4 RACE	5	DATE O	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF INDER I YEAR IF INDER			IF INLER 24 HRS	
		FEMALE	CAUCASI	AN	OCTOBER 2 1926		60 YRS MONTHS BATS HOURS MIN				
	7a BIR	RTHPLACE INTATE OF FOREK	GN 76 CITIZEN OF	WHAT COUNTRY? 8	DDIE	□ NEVER MARRIED □	9 BALTIMORE CITY OR C	1000	ATH		
		W YORK CITY	u.s.A		MARKIED VIDOWEI		PRINCE G	EORGE's	3	MD	
ı		TY OR TOWN OF DEATH	11. NAME OF			OTHER INSTITUTION	120 USUAL OCCUPATION	12b	KIND OF	BLISINIESS OF	
2	1 3	nham	doctor			PR. GEO. CO.	HOMEMAKER	PRKING LIFE} IND	HOME	E	
ď	13a S	L RESIDENCE (IF NURSING F	COUNTY	13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII				
?			RINCE GEORG	E LANHAM		YESX NO	7022 KEPNER	CT. ;2	0706		
-	14 FA	THER'S NAME  GEORGE	WIDDLE	ZŴĔIG		IS MOTHER'S MAIDEN NAM	WIDDLE	LEV	INE		
	16a W	AS DECEASED EVER IN U	S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURIT		GARY DAVIS;	ADDREW	CAROLL	TON,	ND 2078	
		NU -		054-20-67	31	GARY DAVIS, C	7443 TALKBURN				
		18 CAUSE OF DEATH (E. PART ), DEATH WAS	nter anly ane cause per CAUSED BY:	line far (p), (b), and c	1100	rio- ren	Artifox . W.	che of BI	APPROXIMA ETWEEN ON	SET AND DEATH	
		1MA	MEDIATE CAUSE (a)	_ ~~~	100	10-100g	a wiveg w	cust	( no	Ruck	
				R AS A CONSEQUENC	E OF	1 141 45 F	reart Cu	11/23	9	110114	
		Conditions, if ony, wh gave rise to immedia	ate	MI	10	on work to	tua cu			qui	
		couse (a), stating underlying cause lo	ast.	R AS A CONSEQUENC	E OF						
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DE A	TH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN P	ART 1 a		
-	TION	190 DATE OF OPERATION	LINE COND	ITION FOR WHICH OP	FRATION	WAS DEDECORATED	20e AUTOPSY? 20i	b. IF YES, WERE	FINIDING	5.4655	
-	CERTIFICATION	140 DATE OF OPERATION	178 COND	MON FOR WHICH OF	ERATION	WAS PERFORMED	YES NO NO	CERTIFYING C	AUSES O	F DEATH?	
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	LIQUID A	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR F	PART 2)		
	CAI	(IF EITHER NOTIFY MEDICALE)	(AMINER) P.	M.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM	ETC )	211 LOCATION	CITY OF TOWN	COL	YTAL	STATE	
		AT WORK AT WORK		a document from	C	12 10 87	6/2	10 1	25		
		220.1 certify that (1) (this saw the deceased a	aid nat view the bady		> , and	that in (my) (our) apinian a	leath accurred on the date of	and hour and fre	am the car	uses stated	
	15	abave (1) we) (did )				EGREE			DATE SIG		
		01.	run	(6000)		ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN		6/5	-18>	
		224 PHYSICIAN'S NAME	[TYPE OR PRINT]	wite, my	2	22e ADDRESS	terum c	roe	· lan	1+mi	
_	10.0	paoi				11 sceno		7170	70201	1,010	
	73a B	urial, cremation, rem srecify) BURTAL	6/7/8	117		NON CEMETERY	23d. LOCATION CITY OF TOWN ADELPHI	PRINCE	GEORG	GE MD	
	24 FU	NAME DANZ	ANSKY-GOLDI	BERG MEMORI	AL C	HAPELS 250 DATE					
		1170R	OCKVILLE PI	KE: ROCKVIL	LE,	MD 20852 UN	10 1981	- Discour	4		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a shauld be detached for use as the burial-transit permit. Then please remave carbanpapers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

retained by the haspital or attending physician

BP.



9077 JUL		FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	996
noy be page 3		CEASED NAME FIRST	AN S.	DENT	DATE OF DEATH MONTH DAY	20 110 OK
ge 4 moy	3 SE	Male	Black	Jan. 12, 1910	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS
Poe Poe		IRTHPLACE (STATE OF FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
by the filled with	/ 10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK AS MOST OF WORKING LIFE)  Apt. Custodian	126 KIND OF BUSINESS OR INDUSTRY Housekeeping
24 hour filled in gold be making	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU P.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN G. GLEN Arde	YES AND	8625 GlenArden	Pkwy.080/
ompletely	14.F	ATHER'S NAME FIRST (Unkn	MIDDLE LAST	15 MOTHER'S MAIDEN NA	Unknown)	LAST
e execut n and co Poges 1	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 218-12-		907fs Varni yton-Ianham, Mo	um St.
HYSICIAN: The low requires that the death certificate adding physician. Ins certificate has been signed by the attending physici buriol-transit permit. Then please remove carbon appear to the prior to buriol, cremotion, or removal. A them 28 shows any injury, or other traumants event, the	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iot stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b) STATE  DUE TO, OR AS A CONSEQUE  (c) KARAGE  CONDITIONS CONTRIBUTING TO D  19b CONDITION FOR WHICH  ATH  P.M.  21b TIME OF INJURY  P.M.  21c PLACE OF INJURY	NCE OF  OBSTRUCTIV  NCE OF  SEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  21c HOW INJURY OCCURR  19  21f LOCATION	IN AL DISEASE OR CONDITION GIVEN  200 AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED NG CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING PREFORMED BY the hospital or other TO FUNERAL DIRECTOR, after the should be detoched for use as the with the State Dept. of Health and IMPORTANT: if Item 21 is marked	234	sow the decessed olive of obove, (I) (we) (did not 22h SIGNATURE	OR PRINT)  23b. DATE  23c. N  23c. N	, and that in (my) (our) opinion of DEGREE	deoth occurred on the dote and hour of DIRECTOR   PHYSICIAN      TO SO NS   19.   A STAFF   DIRECTOR   PHYSICIAN     TO	27, that (I) (we) lost and from the causes stated  22c DATE SIGNED  6-18-87  . HWY  COUNTY  STATE  R'S'SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	14	S. THASHINGTON	+ SONS 4935 BURN	ROLLEIB AILE. N.E.	JUL 8 1987 Julia	Dividory-Randass

24 FUNERAL DIRECTOR

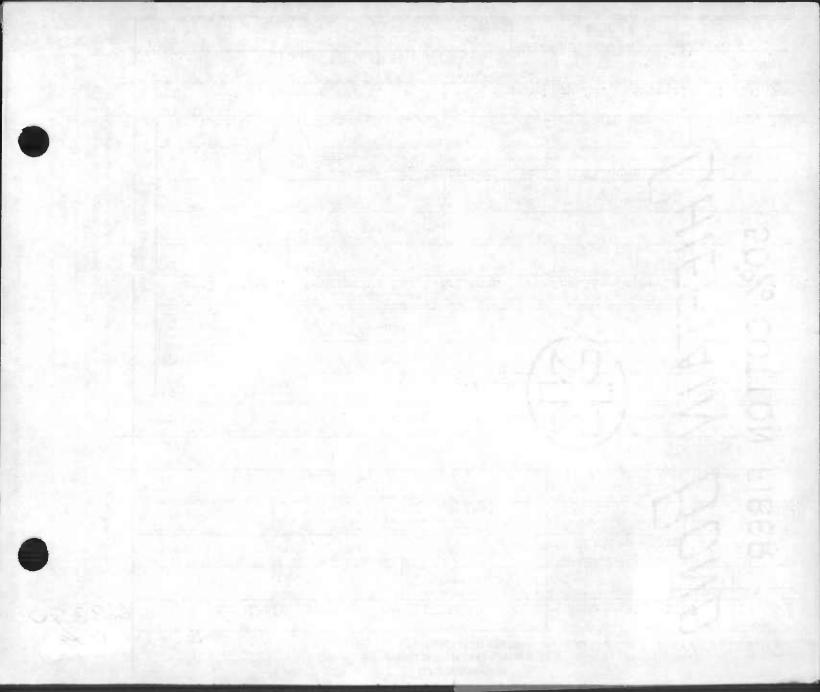
H. S. MASHINGTON + SONS 4925 BURROUGIS AUG. N.E.

9: -12- "" Jonepa Derbor-inchem, Ed. COTT SEAN OF SE. N. F.C. MAT M. P. 3 FARE Discontinues bings . THE RESIDENCE OF THE PARTY CORRESPONDED RESIDENCE OF THE

## STATE OF MARYLAND

8	REG. NO.	1	7	9	9	
TE OF	D. C T			-		_

				STA	TE OF MARYLAND				
To	J	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 / REG. N	0.	7 9	9/
058000		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(1/8° C		Archil			ILLON			87	10:06 A
ge 4 mo	3 SE	Male	caucasion		OF BIRTH USt 72, 1904	6 AGE (IN YEARS LAST BIR	THDAY)	IF NOER YEAR	HOURS MIN.
nerol dur	7a Bi	RTHPLACE LE ORFOREIGN	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRI WIDOW	EDXX NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY O			MD
by the fu		Riverdale	11 NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE S'  Leland Mem	reer address)		120 USUAL OCCUPATION OF SALESMAN		INDUSTRY	of BUSINESS OR dealership
in 24 houy filled in thould be	13a A	id. Pri	e or other institution give residence B DUNTY Chice George Law		YES X NO _	13e STREET ADDRESS		reet 2	0707
ed with	100	ather's NAME uniel	MIDDLE DILL		I da FIRST	WE	1.531	Shor	ŧ
n ond co		VAS DECEASED EVER IN U.S. YES NO ORYES WAY FEE		9-3371	Leona White	chead Dillor		e as al	bove
tuficate to physicial phys		PART I. DEATH WAS CA	r only one couse per line for 10 . (b USED BY Acut DIATE CAUSE 10) Acut		monitis with s	epsis			weeks
quires that the deatl signed by the otten hen please remove co burial cremotion.	NOI	Conditions, if any, which gove rise to immediate couse of storing the underlying cause lost PART 2 OTHER SIGNIFICAL Renal fails	DUE TO, OR AS A CONSE  (c)  NT CONDITIONS CONTRIBUTING	OUENCE OF	TNOT RELATED TO THE TERM failure. Non-				
ion. hos been therefore the prior the the prior the the prior the the prior the	CERTIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY?  YES NOX	206. IF YES,	WERE FINDING CAUSES	
SICIAN: Tog physic certificate rirol-trons entol Hygeltem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		RED LENTER NATURE OF INJUS	RY IN ITEM 18 PAI	RT   ORPART 2	+2
offending offer this of the bull who and Minked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	ICE FARM ETC	211 LOCATION STREET	( ITY OR TO	WN	COUNTY	STATE
ATTENDIN spitol or CTOR Al 1 for use of Health		above, It (we (did (did	ospital attended the deceased from 27 June 1	0.7	eptember 19 71 and that in (my) (our) opinion (	, to <u>27 Jun</u> death occurred on the do			
TO HOSPITAL OR 7 retoined by the ho TO FUNERAL DIRE should be detoched with the Stote Dept IMPORTANT: If then		22d PHYSICIAN'S NAME (TO	) Houra	und	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	FF IAN		une, 1987
TO HOSPITA reformed by TO FUNERAl should be de with the Stot	23n F	Carl J.	Houmann, M. D.	23c NAME OF	4404 Queens	bury Rd., R	iverda	le, MD	20737
ВР	Bi	SPECIFY)  LITIAL  JNERAL DIRECTOR			el Cemetery	Laurel EREC'D. BY REGISTRAR	P.(		Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24.63	Donaldson Fur	reral Home Lauri	el. Md	20707	00 1987	230. REGISTR	AK S SIGNAL	OKE



STATE OF MARYLAND

REG. N	10	-7	)	9	
POFATH	MONTH	DAY	YEAR	125 40	LID

	1 -	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 3 /	-	7 9	93
5		EASED NAME FIRST	N	NOULE	i i	AST	20 DATE OF DEATH		Y YEAR	2h HOUR
	(TYPE	Conley	Н	a11	DTI	LLON	June 26, 19	987		4:10P M
3	3 SEX		4 RACE	G 1 1	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER YEAR	IF INDER 24 HR
		Male	White		Oct.	. 19' 1906	80	YRS	NIHS DAYS	HOURS AIN.
1	7a. BIR	OUNTROPIO		VHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	ince Ge		MD.
1		Lanham	"D8648	'fs"Hosp'i	tais)	or other institution	(TYRE OF PROTESS)			of Md.
1		RESIDENCE (IF NURSING HOME OF TATE 1 ryland   Mont	gomery	Silver's		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		ve	20903
1	14, FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	24		
1	1		W.	Dillo	n	Ottie	WIDDLE		Ha1	
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
-	[1	1.	A A	218-56-9	160	Virginia B.	Dillon -wife	e-(same	e as 1	3e)
	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost  PART 2 OTHER SIGNIFICANT (PART 2 OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATHOR OR CONTRIBUTION OF THE	DUE TO, OR  (b) 1  DUE TO, OR  (c)  CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  196 CONDITIONS CO  A C D X 7 G  197 CONDITIONS CO  A C D X 7 G  198 CONDITIONS CO  A C D X 7 G  A C D X	Adult R  AS A CONSEQUE  PULLEY O  ATRIBUTING TO E  FINDO FOR WHICH  FINDURY  A. MONTH DA  A.  DET INJURY  THE FACTORY, OFFICE, F.  deceosed from  deceosed from	NCE OF END CENTRY DEATH JUT PRATION YEAR 19	PELL COLUMN COLU	VES NOTER NATURE OF INJUR	btotal  206. IF YES, IN CERTIFYI  YES  YIN ITEM IB RAR!  WN  6 19  tete ond hour of	COUNTY  COUNTY	STATE  state  that (I) (we) lost causes stated  SIGNED
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial				EMETERY OR CREMATORY metery	23d LOCATION ROMEOWN		rence	Ohio

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers-Pagga, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physician.

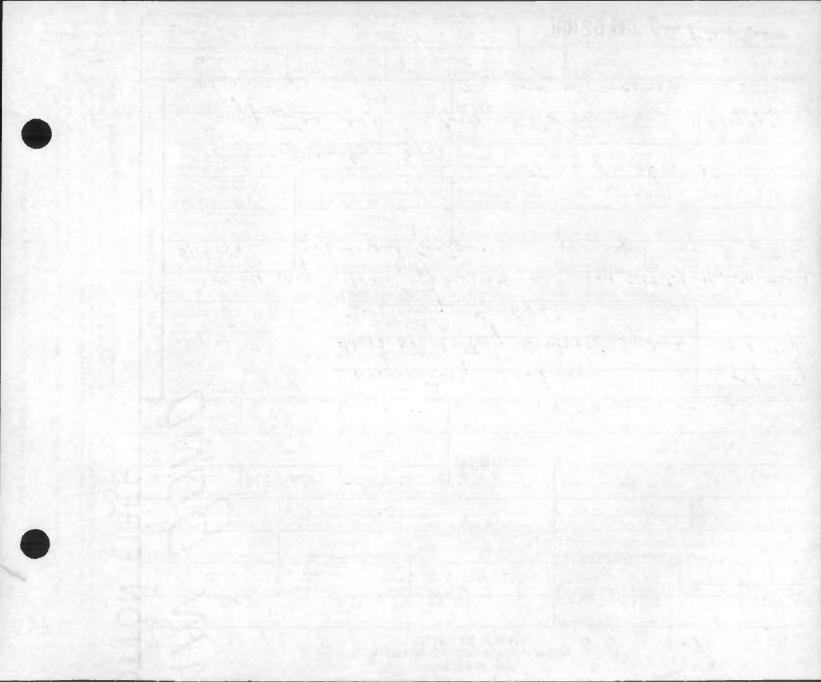
BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

11800 N.H. Ave. Silver Spring, Md

JUN29 187 Julia Dender Condition



	STA	TE O	F M	ARYL	AND	
DEPARTMEN'	TOF	HEAL	HTL	AND	MENTAL	HYGIENE
CI	DTI	EIC.	ATE	OF	DEATH	

DIXON

5. DATE OF BIRTH

JAN

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

REG. N

20 DATE OF DEATH

6 AGE LIN YEARS LAST B

67

120 USUAL OCCUPATION

HOUSEWIFE

MIDDLE

10	1	7	7	7
MONTH	DAY	YEAR	26 HO	JR
06-	16-8	7	7:2	5AM
RTHDAY}	IF UNDE	RIYEAR	IF UNDE	
	MONTHS	0415	HOURS	MINL
YRS				

TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? USA NORTH CAROLINA

CHARL IF

4 RACE

BLK

FIRST

MARRIED NEVER MARRIED WIDOWED DIVORCED [

9 BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

10 CITY OR TOWN OF DEATH CHEVERI Y

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S HOSPITAL CENTER WSUAL RESIDENCE (IF NURSING HOMEOR OTHER IN LAUREL 136 GOUNT

13d. INSIDE CITY LIMITS? YES T NO [

15 MOTHER'S MAIDEN NAME

20708

4 FATHER'S NAME FIRST JAMES

130 STATE

FOR STATE REGISTRAR

TYPE OR PRINTS

SEX

DECEASED NAME

FEMALE

LAST JARMAN

MYRTLE

1920

WOOTEN ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES GIVE WAR OR DATEST NO

16b SOCIAL SECURITY NO STATED

ROENTA BALLARD

14101 ADKINS RD.

18 CAUSE OF DEATH Enter only one cause per line of a , (b , and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Canditions, if ony, which gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?  YES NO	20b IF YES, WERE FINE IN CERTIFYING CAUS YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2	
21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	51.

220.1 certify that (1) (this haspital) attent the deceased alive an

and that in (my) (aur) apinian death occurred on the date and have and from the causes stated e, (l) (we) (did (did not be) DEGREE 22c. DATE SIGNED

ATTENDING

224 PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

	ROGELFIO	V /	V	ill	17100 C	10-1
3 a	BURIAL, CREMATION, REMOVAL	23b	DATE		730	NAME OF
	(SPECIBURIAL	JU	NE	20	1987	F

CEMETERY OR CREMATORY FARRIOR CEM.

ROSE HILL, COUNT.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

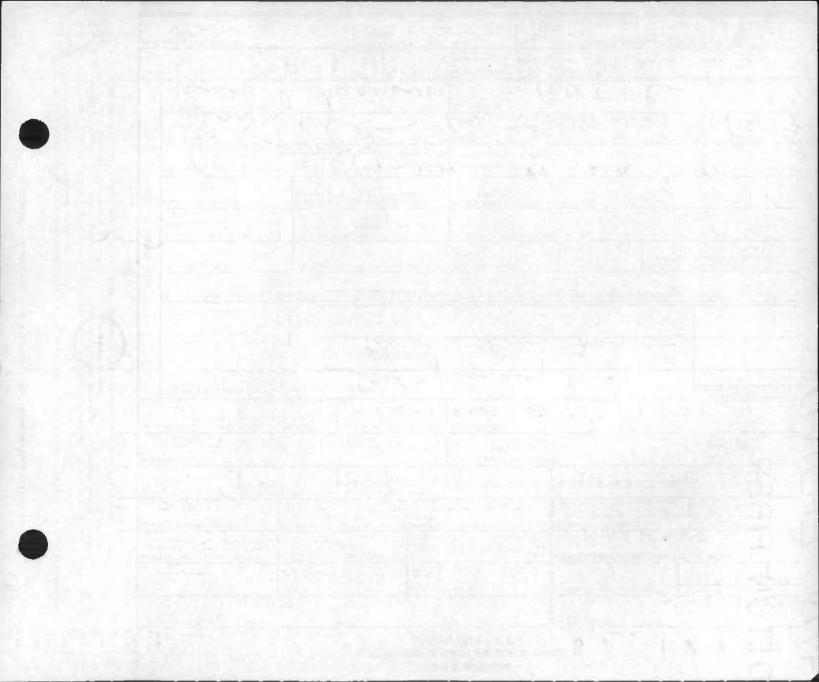
WATSON F. H. INC. 3435 DRE14th ST., N.W

250) DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

DHMH - 16 60M 7/84

MPORTANT



FOR STATE

## STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

18000

	10	REGISTRAR			REG. NO.					
Ĭ		CEASED NAME FIRST	- /	ALDELE	l.	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		ROBERT		WORTH		IXON	June 6, 19			3:00 P M
3	SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	HOURS MIN.
	Ma	le	Caucasi	an	July		68	YRS		
$\mathcal{T}$		CTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
		shington D.C.	U.S.A		WIDOWE	D DIVORCED	Prince Geo			MD.
	1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE	126 KIND O	F BUSINESS OR
1	Be	rwyn Heights		uebec Str			Radio Mech	nanic	Auto	shop
-	13a S1		11A _	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		- + 20	710
		ryland Princ	e Geo.	Berwyn	Heigr	TSSX NO []	6008 Quebe	ec Str	eet 20	740
38	1	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAST	
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-11	(YE	ES. NO OR UNKNOWN)   HE YES. GIV	E WAR OR DATES)	577-05-8					ac Lin	412
-	re					Mrs. August	a E. DIXUII,	Same	APPROXI	MATE INTERVAL
1		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY.	134/Ce (		CAR				PGP-
1		DUE TO, OR AS A CONSEQUENCE OF							/	
		Conditions, if any, which	DUE 10, OI	R AS A CONSEQUE	NCE OF					
1		gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NICE OF					
1		underlying couse lost	(6)	AS A CONSEQUE	NCEOF					
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1 o	
	0									
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			IGS USED OF DEATH?	
1	E E				194		YES NOX	YES		NO 🗆
П		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAI	RT ORPART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	). P.J		19					
П	WED	21d. INJURY OCCURRED	21e PLACE (	OF INJURY EET, FACTORY OFFICE FA	ARM, ETC.)	211 LOCATION STREET	city or yo	-	COUNTY	STATE
		ATWORK ATWORK			n.	Janet Cu	1	6	02	
1		220. Certify that (I) (this haspi sow the deceased alive on		feedused from_	E	19 27	10 6/	-	00/	hot (I) (we) lost
1		obove, (I) (we) (did) (did no	I view the blody	ofter death.	-/	id that in (my) (our) opinion o	learn accurred on the do	ife and hour		
1		22b SIGNATURE	111/15	(1)	1	ATTENDING	MEDICAL STAF		K /8	23
	-	22d, PHYSICIAN'S NAME (TYPE O	R PRÍNI)	7/	10,	PHYSICIAN X	DIRECTOR   PHYSIC	IAN	10/0/	0/
		HARVEY KA	720			5926 Weeky	and Rd	Ch.	nen s	40
1		URIAL, CREMATION, REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	CTATE
	Bu	rial	June 9	, 1987 Ft	. Lin	coln Cemetery	Brentwoo		G., Ma	aryland
1	FR	ANCISTOGASCH	'S SONS	FUNERA	AL HO	ME, P.A. 250 DATE	REC'D. BY REGISTRAR		. 0	
		39 Baltimore Av					0 1987	س الماليات	on-Randa	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT; If Item 21 is marked or Item 18 Thinks any injury, as other troumatic event

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SEX EXA	ON,		lying cou	ise last.			(1)			3.0				16						
DIVISION OF VITAL RECORDS, 201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED  EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHEE MEDICAL EXA  TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL.	REMAT	NO	PARI 2 OTHER SI	GNIFICANT CEL	conditions	CONTRIBUTION	IG AND DEATH I	des des		MINAL DISE	ASE OR CO	NDITION G	IVEN IN PAI	Ans	16	456	ret			
SHOULD CORD "PEF ME	OF HEA	MEDICAL CERTIFICATION	19a. DATE OF	OPERAT	ION	19	PONDIL	ION FOR	WHOTEOPE	RATION	WADE	RFORM	D?	6	1			20	AUTOPSY:	-
OF VII ATE SH THE CH	WENT O	CERTI	216 EXTERNA	-			TIME OF		DAY YEA		HOW IN	JURY O	CCURRE	D (ENTER P	NATURE OF E	NJURY IN ITE	M 18 PART 1	OR PART 2)	YES 🗌	NO
STEIC GTH TOUGH	ART	ICAL	CONTRIBUTI	NG∐C	AUSE OF D		P.M.	S 15 111 (5)	19	216.4	061710						130			2.11
DIVISION HIS CERTIFIC WRITING TH ARDED TO	ATE DEP	MED	21d INJURY C	NOT V	WHILE DRK		STREET, FACTO	ORY FARM, E	(AT HOME.	711	OCATIC STREET	N			CITY OR T	OWN		COUNTY		STATE
NER: TE CATE, TE FORW	THE ST.		22a I certi	fy that I	taak charg				ove, held an		psy [		nspection		Inquir	Г	and in	my apinian		-
XAMI CERTIFICERTIFICATION OF SECONDARY	WITH		death result	ed fram	Natur	ol couses	0	Accident	L. S	uicide L	/ TI	Hamicid TLE (SPE	CIFY)	Undete	ermined n	nanner [		710		G-
HCAL I	ORE, A		ACTUAL SIGNATURE.	(4)	regu	1128	1.1	000	reque	7	M.DD€	put	У	MED	ICAL EXA	MINER		IGNED E	7-2	-8/
O MED KECUTION AGE 4	ALTIMO		EXAMINER'S (TYPE OR PRI	VI)	Augus		. Rod	rigue							n Ct	, Te	emple	Hi 11	s, MD	
07/84 BP	< ∞	73a BU	Burial Burial	TION, RE	/	JUNE JUNE	6,198	37 Sa	cred 1	lear	Ch	urch	Cem	Bow	CATION OR TOWN	Prin	ce Ge	county	s, si	ATE MD
25M DHMH			NAME 11 Fur	tor eral	L Home	LAG		000 A	nnapo.	lis 1	Road	250	DATE R	EC'D. BY	REGISTR	AR 256 F	REGISTRA	R'S SIGNA		de
(VR A15 A	UE (D))	Des	LI FUI	(C1 a.	LIIOM	-	- 501	1209	1-110 CI	17).	504.	)	31	143	501					

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		A Charles	

Carybert 1	J. 00	osta,s	BONTH

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG	. NO.		- E4
I DECEASED NAM	AE FIRST	A	AIDDLE	i	AST	1 2 4	2a DATE OF DEATH		DAY YEAR	26 HOUR
THE ORPHIN	Elmer	Le	wis	Di	reyer			06	01-87	1:10 01
3 SEX	A COUNTY OF DEATH  IN ACE    S. DATE OF BIRTH   December   14, 1900   86   86   9RS	MONTHS TAKE	IF UNDER ZE HRS							
o Mal		who	te.	Decei	mber 14,	1900				NOUS AND
Ta. BIRTHPLACE	STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MAI	RRIED 🗖				
Washing	ton, D.C.	U.S.A							ge's Cou	inty "
10 CITY OR TOWN	OFDEATH				OR OTHER INSTITU	MOIT			126 KIND OF	BUSINESSO
Clinton		Pinevier	w Mans	r Ext	· Care Ci	enter.	Steamfitt	er-Plu	imber Co	nstruct
Maryland	13P CON	YTY !	13c CITY OR TOW	N	YES N	Tonard .		ss/ziPco caster	Mill Road	2085
FATHER'S NAM		MIDDLE	LAST						_ LAST	
b						vene			Riese	r
160 WAS DECEAS		E WAR OR DATES							10 2.00	
No			219-03-16	530	Louis A.	Drey	yer (Son)	Same		
18 CAUSE C	OF DEATH Enter on	ly one couse per							APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
PARILL			ARTERI	BSCL	212012				4545	25
Conditions	if ony, which	( lb)			Land I					
gove rise		DUETO	AS A CONSEQUE	ENCE OF			Ball 5 5 5 4 5			
underlying	couse lost	100010,01	AS A CONSEGUE							
PART 2 OT	HER SIGNIFICANT	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1 0	
≥ MJ	LTIPLE	DECUBIT	US VIC	ENS						
190 DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	GS USED
ΙĔΙ							YES TI NO	/	TIFYING CAUSES (	NO []
THE STATE OF	T WAS UNDERLYING	] 21b. TIME OF			21¢ HOW INJUR	Y OCCURR	ED (ENTER NATURE OF			
On CONTENUE	TING CAUSE OF DEA	117	M. MONTH DA	AY YEAR						
	OCCURRED	21e PLACE C		17	211 LOCATION	-				
WHILE AT WORK	NOT WHILE	(AT HOME STRE	EET FACTORY, OFFICE F	ARM, ETC )	STREET		CITY O	RIOWN	COUNTY	STATE
	that This hospi	tal) attanded the	decorred lenm	d	7	n 87	- 6	16	10.8.7	hot (we) lo
sow the	e deceased alive on	616	19.	27 or	d that in (in) (ou	r) opinion d	leath accurred on the			
22b. SIGNAT	(I) (was (did no	ti view the body	after death		DEGREE				22¢ DATE S	
A	W		M		ATTE PHY	NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🔊	66	100
22d. PHYSIC	HILL L	NISOTSK	y Mo	١.	22e ADDRESS	exe	N Hill	Rd.	v.oxa	HILL M
ACDEC SELL	AATION, REMOVAL	236 DATE	23€. ٢	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
(SPECIFY) Bu	rial	06/10/	87 Ro	ck Cr	eek Cem	eterv	Washing	ton D	C	STATE
FENNERAL DIRE	Gasch's S	ons Fun	eral Hom	0 P	٨	250 DATE	NO DE NY LEGISTA	18 ASH REGI	STRAR'S SIGNATIL	RE Park
4739 Pal	timore Av	ons I ull	totte: :!!	C, F.	20704		- 41	201		4
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1 - STATE

REGISTRAR

		5	T/	ATE	OF	M	ARYL	AND	
DED A	DTM	EMT .	0.5	Me	AT	TU	AMD	SAPATA	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/	-	8	U	U	3
REG. NO					9

I		CEASED NAME	FIRST				LAST	20. DATE OF DEATH		26 HOUR
	- Q C T PE	OR PRINT)	James	3 J	oseph	Du	ggan	June 1	.2, 1987	230 PM
	3 SEX	X		4 RACE			M MAY VEAD	6 AGE (IN YEARS LAST B		
		Male		The conditions contribution of a consequence of the control of the condition for which operation was performed.  In order of the conditions contribution of the consequence of the condition for which operation was performed.  In order of the conditions contribution of the consequence of the conditions of the consequence of the condition of the consequence of the conditions of the consequence of the conditions of the condition of the conditions of the condition of the conditions of the conditions of the conditions of the condition of the conditions of the conditi						
7		shington						Prince		MD.
0	10 CI	Laure1	ATH							d BUSINESS OR
1	3a. S	AL RESIDENCE (IF NUE	13b COUN	OTHER INSTITUTION			1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
8	-	1d.		P.G.	Laure1		246	6005 Par		20707
7)	14 FA	James	.7		north.	n	FIRST	MIDDLE		
-		VAS DECEASED EVE								LOII
	(1	YES NO OR UNKNOWN)	1956	1960	217-36-	6161	Mary P. Du	aggan sam	e as 13e	
7	CERTIFICATION	Conditions, if ony gove rise to im couse io, stori underlying cous PART 2 OTHER SIG	mediate ng the e lost NIFICANT (	conditions <u>co</u>	R & A CONSEQUE	NCE OF		20a AUTOPSY?	206 IF YES, WERE FINDI IN CERTIFYING CAUSES	INGS USED
7	MEDICAL CER	sow the deceo	CAUSE OF DEC CHALEXAMINES RRED CHILE DORK	P. 21e PLACE (ATHOME STE	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F e deceosed from	19 ARM ETC)	21f LOCATION STREET  19  nd that in (my) (my) opinion DEGREE ATTENDING	To	OWN COUNTY  2 19 F  dote and hour and from the 22¢ DATE	
/		22d PHYSICIAN'S N		1 11	LEAN,	MD	22e ADDRESS		1	MD
	23a B	Burial, CREMATION		6/1	$5/87 \mid S$	t.Mai	ry'sCemeter	y Laure		Md'.⁴E
	-	UNERAL DIRECTOR			ndy Spr			TE REC'D. BY REGISTRAL	R 256 REGISTRAR'S SIGNAT	TURE
	I	Fleck Fur	neral	Home,	Inc. La	urel	,Md.20707 J	1 8 198/	0	

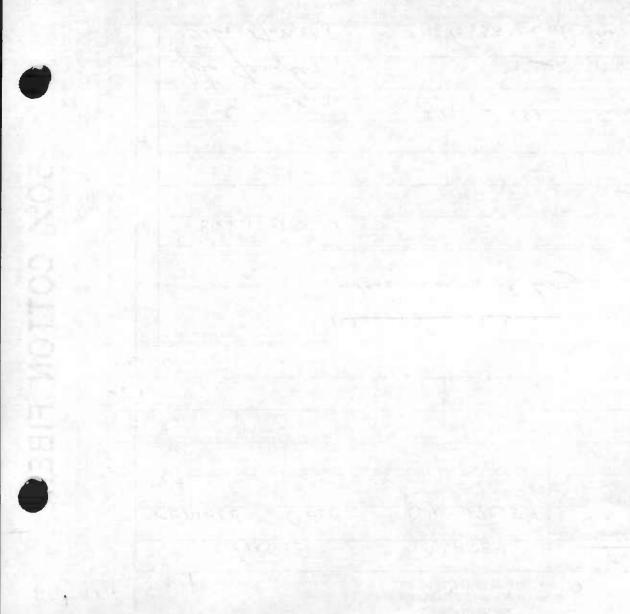
DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the

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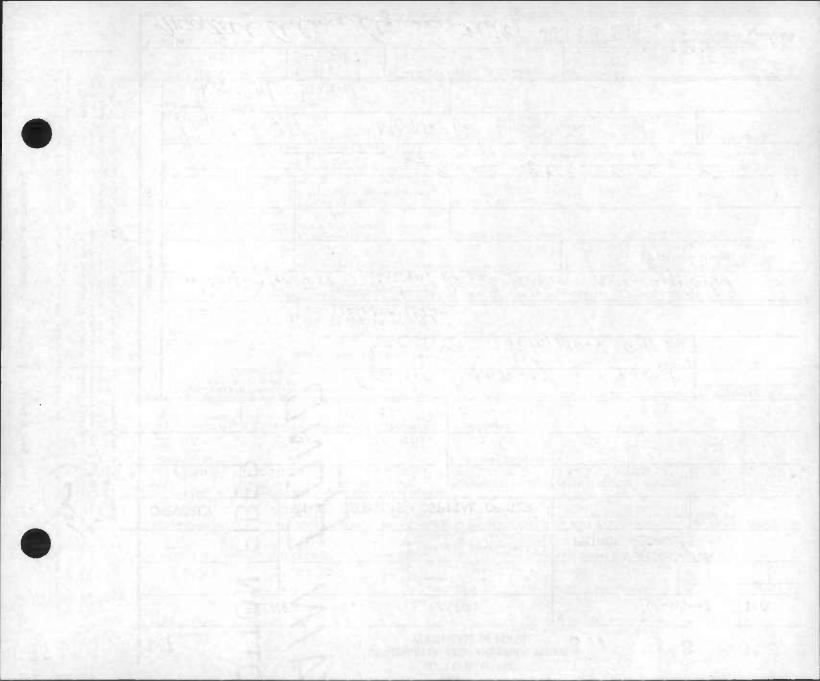
	1				E OF MARYLAND		
55541	11	FOR SJATE REGISTRAR VITO	TTP C DUTAN	CERTIE	EALTH AND MENTAL HYC	0 /	8004
		CEASED NAME	GIE G. DULAN		IAST	REG. NO.  28 DATE OF DEATH MONTH	DET YEAR 25 HOUR
ay be	(TYR	E OR RRINGT	IRGIE	G. Du	LANEY	JUNE	1987 12:00
Ē	3 SE	×	4 RACE	5 DATE C	21 011(111	6 AGE (IN YEARS AST BIRTHDAY)	IF NOER YEAR IF INDER 24 HK
ge 4 urs off	,	FEMALE	CAU	1. SUN	E 17-1899	. 87 <sub>YRS</sub>	
h Po		IRTHPLACE ATE DO FOR	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
deoth funeral	7 100	ITY OR TOWN OF DEATH	U.S.A.	WIDOWE HOSPITAL, NURSING HOME O		Prince George'	S CO. MD.
of the officer	1 -		(IF NOT IN SUC	TH FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
surger in by	JUSU	aurel	CEDIMEN, TITON	r Laurel Nursi		HOUSEWIFE	HOME
filled out of		ARYLAND	HOWARD	CLARKSVILLE	YES NXX	13e STREET ADDRESS / ZIP COI 6734 SURREY	LANE 21029
the little of	W.F.	ATHER'S NAME	WIODTE	LASI	15 MOTHER'S MAIDEN NA	MIDDLE	AST
to to	1	JAMES	R.	DICKERSON	ANNIE	L.	DICKERSON
execu og e	1		U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS 6734 SIIR	RREY LANE
rs. Pe	N			217-09-2052	JAMES W. D	ULANEY CLARKSVI	
hysic pape saval ent, t				line far a , b , and c	a los	i Carrie II	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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lby it by all creater rother		underlying cause	last (c)	70 7 00 00000 000			
gneo en ple burne	7	PART 2 OTHER SIGNII	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART I a
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g phys ertifica inol-train tem 18		OR CONTRIBUTING CA					
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offer the sther hand	×	MANUE NOT WHILE	TAT HOME STE	REET, FACTORY OFFICE FARM ETC )	SIRCE	Cirokiowy	31412
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ATTE Spito CTO CTO difform of h		saw the deceased above, (h (we) (di	olive on	ofter dooth.		death accurred on the date and ha	
DIRECTORY OF THE PROPERTY OF T		The SIGNATURE	Turden		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL  TO FUNERAL  should be deto  with the State  MAPORTANT. II		THE PHYSICIAN'S MAN	E instanti		PHYSICIAN 222e ADDRESS	DIRECTOR PHYSICIAN	7/1-
o HOSPIT) etained by TO FUNER, shauld be d with the Sta		Tel	Marcelia		14222 1	A Bino Rd	6.1 207 2076
show with	23n	BURIAL, CREMATION, RE	MOVAL 23b DATE	123c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	146 30 1 61
BP		BURIAL	6/3/8		VIEW MEMORIAL	CITY OR TOWN	CARROLL MARYLAN
DHMH 16 60M 7/84	24 F	UNERAL DIRECTO			25a DAT	FERECO BY REGISTRAR 256 REGE	STRAR S SIGNATURE
(VRA 15, 4)	L	EROY M. & RI	ON AVENUE, CA	TZKEADTUNERAL I	HOMES P.A.	MN 2 1987 galia	a Divider Rendals



BP. DHMH - 16 60M

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nn m		FOR	DEP A		E OF MARYLAND BEALTH AND MENTAL HYG	BIENE	0 0 0	les.
O O SVIII	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	0 0 0	, ~
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2	b HOUR
ge 3 leoth	TYPE	OR PRINT) ELEA	NOR B. (Be	ssie)EA	STON	06-	05-87	10PM "
e de	3 SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
85	-	Female	Black	0.8	14 25	61 YRS		GURS MIN.
12 1	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
12/4		aryland	USA	WIDOWS		PRINCE GEORGE'S		MD.
A 14	10 C	TY OR TOWN OF DEATH HEVERLY	11. NAME OF HOSPITAL, NU PRINCE GEORGE	IRSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF B	BUSINESS OR
製製	130 3	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUI	NTY 13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5625 Regency	DE Park Ct	. 2074
宝力ラス		THER'S NAME			15 MOTHER'S MAIDEN NA	ME		
11/40	T	homas		oks	Mamie	Matilda	Digg	S
54 3 /		VAS DECEASED EVER IN U.S. AR		SECURITY NO	17 INFORMANT	ADDRESS		
Pop P	,	YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates] 220 1	2 3994	Gloria Swa	inn SAA		
s has been signed by the ottending in permit. Then please remove containment principle buriol, cremotion, or remove copy injury, or other troumatic en	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost  PART 2 OTHER SIGNIFICANT  NUMBER  190 DATE OF OPERATION	conditions contributing clure . Ch.	SIS FODEATH BUT	Clust failm N WAS PERFORMED	200 AUTOPSY? 200 IF Y	R/Y CAYLY YES, WERE FINDING! THEYING CAUSES OF YES	S USED F DEATH?
ficote I fronsit I Hygie		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	8 PART OR PART ?)	
ter this certies the buriols on the buriols on the first wed or the first	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE OT WHILE OT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC }	211. ŁOC ATION STREET	CITY OR TOWN	COUNTY	STATE
CTOR: Af I for use o . of Health			6.5	19 87 .01		to	our and from the cou	
(At DIRE detoched ate Dept		226 S GNATURE WE		10 MRC		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIC	GNED
TO FUNER, should be diwith the Sta		RISHPAL	SINGH.		22e ADDRESS			
F & > 5		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
-		Burial	6-10-87	Resurr	ection Cem		.G., Md.	
H - 16 60M 7/B4 (VRA 15, 4)	24 F	Martell C	Edans (Co	Ess	-Mag 250 DAT	ENEL D BRECHARDS 529 BEEN	STRAR SIGNATUR	Kondalle



illed in by the funeral director page 3 and be tiled within 72 hours ofter death

red by the criteraling physician and completely includes remove carbon papers. Pages 1 and 2 shurral, cremation, for removal.

TO FUNERAL DIRECTOR, After this certificate has been signed should be detoched for use as the burial-tronsit permit. Then all with the State Dept. of Health and Mental Hygiene prior to buri

etoined by the hospital or attending physician

BP.

DHMH - 16 60M 7/8

(VRA 15, 4) 6633

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ni o	-1,-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	0 /		8 0	3 0
717 (E)	1 DE	CEASED NAME FIRST	D WIGHT			AST	20 DATE OF DEAT	, NO.	DAY YEAR	26 HOUR_
		E OR PRINT)	Burch NUEL EG	ERH	ARD	T Sr.	6/18/8	7		415/Pm
	3. SE		4 RACE	,-,-,	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAS	I BIRTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
		Male	Black		03/1	4/33 YEAR	54	YRS	MONIHS DATS	HOURS MIN.
9,		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIEI	XXNEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	Y OF DEATH	
	- 1	ttsburgh, PA	U.S.A.		WIDOWE		- W 111112	GEORE	SES	MD.
7	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT			OR OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
		INTON	DOUTHERN	Md.	Hos	O CENTER	Truck Dr.	iver.	Newsp	aper
Sunst po	130	AL RESIDENCE (# NURSING HOME OF STATE 136 COU!	NIY 13t. CI	TY OR TOWN	admission) N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE	ss / zip code Larney	Street	20735
) X	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	5	241	,
\$	-	Theophilus W		erhar	dt	Marie	MIDDI		High	tower
001	160 \	WAS DECEASED EVER IN U.S. AF		OCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
med	[ ]		A 205	-24-7	358	Lucy A. Eb	erhardt :	Same as	13 A-E	
vent, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one cause per liney or ED BY TE CAUSE (o)	(a), 15 6no	AC C	rrest			BET WEEN C	MATE INTERVAL DNSET AND DEATH
injury, or other fraumoti	NO	Conditions, if ony, which gave rise to immediate cause to, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR ASA  (b)  DUE TO, OR ASA  (c)  CONDITIONS CONTRIB	Strop of Ca	ndio my of	leeding stly Mit MINAL DISEASE OR C	al Ster	/EN IN PART 110		
2 only	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION F	OR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES IS [	
tem 8 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. M		Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18 F	PART 1 OR PART 2)	
rked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY TORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
21 is mo		22a.1 certify that (this hosp sow the deceased alive or above, (1) (me) (and fold no	Q/18	19 8	- , an	id that in (my) (our) opinion	to O	e date and hou		that of (we) lost
IT. If Hem		27b. IGNATURE	atterson		N	ATTENDING PHYSICIAN	MEDICAL STORES	STAFF SICIAN [	9298	SIGNED T
MPORTAN		27d PHYSICIAN'S NAM	erson, N	1. A. n		750   Sw	ratts Ro	od, Cl	non No	1 2073
	В	BURIAL, CREMATION, REMOVAL ULTAL	06/22/87	Re	surre	EMETERY OR CREMATORY Ction Cemete:	ry Clintor	n Prin	ce Georg	ge's Md.
7/84	24 F	UNERAL DIRECTOR Lee	Funeral Hom	e, Inc	. ·	25a DA	ATE REC'D. BY REGISTE	AR 256 REGIST	RAR'S SIGNAT	IRE COMPANY
663	3 (	Old Alexander F	erry Rd. Cl	inton	, Md 2	20735	124 1981			

				STAT	E OF MARYLAND					
R ATE GISTRAR			DEPARTM		ICATE OF DEATH	0 /	[G. NO.	0 0	1	
SED NAME	FIRST		MIDDLE	- I	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR	
	ames	A	lbert	Ed	elen Sr.	Jur	ne 8, 198	37	M	
		4 RACE		5 DATE C		6 AGE (IN YEARS L	AST BIRTHOAY)	IF UNDER 1 YEAR	₩ UNDER 24 HRS	
Male	38	Caucas	sian	Dec.	9, 1908 YEAR	78	YRS	MONTHS DAYS	HOURS MIN.	
LACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED 9		9 BALTIMORE C	TY OR COUNTY	OF DEATH		
land		U.S.	Α.	WIDOWE		Drings Coores				
R TOWN OF DEA	ATH				OR OTHER INSTITUTION	12a USUAL OCCU	UPATION	Manning	MD.	
ton			iscataway		d	Carpent	UPATION WOST OF WORKING LIFE  ET Ret.	Weathe	r Strip C	
SIDENCE OF NURS	136 COUN	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Clinton		134 INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP CODE Piscataw	ay Rd.	20735	
R'S NAME					15 MOTHER'S MAIDEN NAM	AE .				
FIRST S	Mi]	-es	Edel	en	Gertrude	A		Jenk	ins	
DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITYNO	17 INFORMANT	Α	ADDRESS			
es		1-1945	377- 09-0	)336	Millicent C.	Edelen	Same as	13 A-E		
PART I. DEATH W	VAS CAUSE		Carlos, (b. one	ic	anest	,		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND GEATH	
inditions, if ony, ive rise to im- use (a), statin derlying couse	mediate ng the	DUE TO, OI	Ostro	yt	one of B	rain				
THE SIGN	NIFICANT O	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	OTRENTED TO THE TERMI	Systes	nicde	ypus ?	Erythemala	
DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	YERE FINDING YING CAUSES O	GS SED OF DEATH? NO [	
ACCIDENT WAS UNI	CAUSE OF DEA	123	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE O	DE INJURY IN ITEM 18 PA	ART I OR PART 2)		
INJURY OCCUR	RED	21e PLACE			216 LOCATION STREET	СПУ	ORTOWN	COUNTY	STATE	
I certify that (I) sow the decease above (I) (	(this hospi	6/X	19	78	nd that in (my) (and) opinion o	to6	the date and hour		not (li (🗪) lost ouses stoted	

OR CONTRIBUTING CAUSE OF DE LIFEITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE 22a I certify that (I) (this hosp

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED June 9,1987

Dr. R.A. McConnaughy

5618 St. Barnabas Rd. Oxon Hill, Md.

230 BURIAL, CREMATION, REMOVAL Burial

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

To BIRTHPLACE

Maryland

Clinton

Maryland FATHER'S NAME

Yes

James

CERTIFICATION

MEDICAL

poge 3

rban poper r removal.

en please remaye c burial, cremation,

0

80

If Item 21 is

MPORTANT

After this certificate has

TO FUNERAL DIRECTOR:

etoined by

BP.

should be detoched for use as the burial-transit per with the State Dept of Health and Mental Hygiene

CITY OR TOWN OF DEATH

USUAL RESIDENCE (# NURSING HOME O

60 WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN)

> 8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE

Conditions, if ony, which gove rise to immediate couse ia, stoting the underlying couse lost.

21a. ACCIDENT WAS UNDERLYING

06/11/87

230 NAME OF CEMETERY OR CREMATORY St. Mary's Church Cem

Piscataway Prince George's Md.

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 60M 7/84

(VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton, Md 20735

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and as election proceed Dogwood System of Land A service of the serv

056540

FOR

STATE
REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

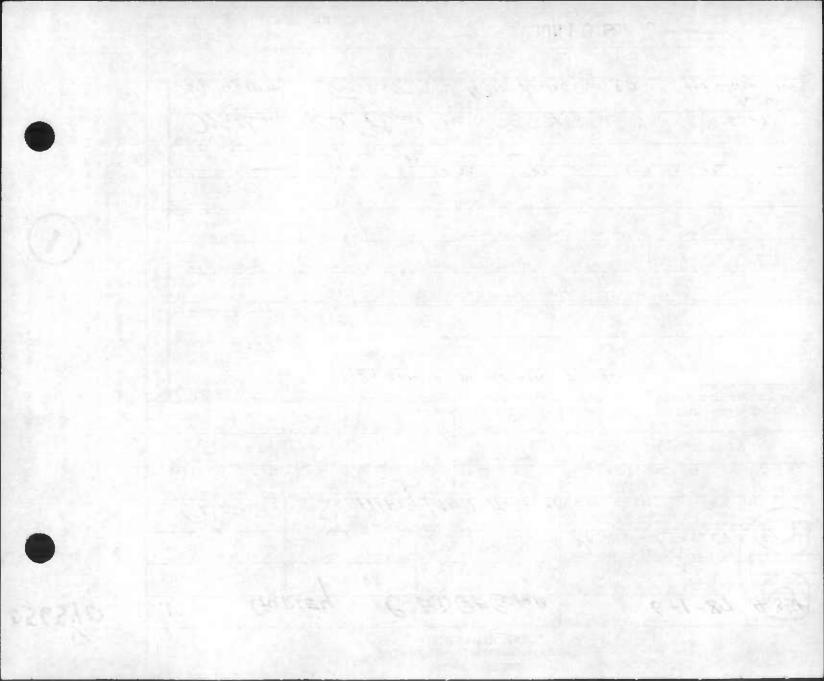
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REG. NO.					N

		ACO TOTAL				REG. N	Ю.		E //
1		CEASED NAME FIRST	Olel. P	EX	BED. A	20 DATE OF DEATH	MONTH DI	YEAR	26 HOUR
1.3	3. SE	× 941	A RACE	5 DATE O	GE COM 13	6 AGE IN YEARS LAST BE	THDAY	FUNDER YEAR	F NJER JAHRS
	3. 00.	Female	White	MONT	DAY YEAR		- N	DAME TAN	HOURS MIN.
3	7a RI	IRTHPLACE #18 JK FORE JN	76 CITIZEN OF WHAT COUNTRY?	Apr	11 20,1914	73 9 BALLIMORE CITY O	YRS	25.05.4711	
9	70 01	N.C.		MARRIE	D NEVER MARRIED	I A LILE TO	-/)	-	0
4		ITY OR TOWN OF DEATH	U.S.A.	WIDOW		PRINCE		01603	710.
	2	CLINTON	(IF NO IN JICH FACILITY, GIVE STREET		UD HOSPITA	TYPE OF WORK FOR MOST I	OF WORKING LIFE)		F BUSINESS OR
d		AL RESIDENCE OF NORSING HOME OR STATE 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		20	1011
4	Ma	1 74		Road	YES NO X	Box 320,	Lot 66	Hwy	#5
d	th FA	ATHER'S NAME	WPOUT WY		15 MOTHER'S MAIDEN NAM				
0	1	Thomas Cu	rry Cates		Minni	e Iva	Alle	n	
)		WAS DECEASED EVER IN U.S. AR		IRITY NO	17 INFORMANT	ADDR			
		YES NO OR UNKNOWN) IF YES GIV	237-28-3	856	Sue Baker,	1214 Bur1	ingto	n RD.	Roxboro
		18 CAUSE OF DEATH Enter on	ly one couse per line for o b on		1	N.C. 27	573	APPROXIM	MATÉ INTERVAL DISET AND DEATH
1		PARTI DEATH WAS CALISE	D RY		MITAJTATIL	To Lune		BETWEENO	INSET AND DEATH
1		IMMEDIAI							
1		Coodition A Lit	DUE TO, OR AS A CONSEQUE	ENCE OF				15 14	
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ı	Z	PART Z. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	V IN PART 1 o	
4	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	NI WAS DEDECIDATED	200 AUTOPSY?	JAN IE VEC 1	WEDE CINIDAN	06.11559
И	FIC.	DATE OF OFERATION	170. CONDITION TOR WHICH	OFERATIO	N WAS PERFORMED	ZUO AUTOPST		WERE FINDING ING CAUSES (	
Н	ERTI	21g ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY		Tal- HOW BUILDY OF SUPE	YES NO	YES		NO 🗌
il		OR CONTRIBUTING CAUSE OF DEA	110110 1 11 11011711 0	AY YEAR	21t HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2)	
П	ō.	LIFETHER NOTIFY MEDICAL EXAMINER		19					
4	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	ARM ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	-	AT WORK NOT WHILE AT WORK							
1		220.1 certify that (1) (this haspit	(a) offended the deceased from_		29 19 57	to 6 ·	1 19	£7 H	hat (II (we lost
1		saw the deceased alive on obave, (I (we raid) (did not	view the body after death.	/ or	d that in (my opinion d	eoth occurred on the d	ote and hour a	and from the c	ouses stated
П		22b SIGNATURE			DEGREE			22¢ DATE S	IGNED
1		William	Kent Dune	1 ~	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗆	62	47
1		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS	James Crown		0	202000
1		WKLim	FILEST	_	11701 KIVIN	VISTON NIX	Z	- Fully	1 m
1		BURIAL, CREMATION, REMOVAL		JAME OF C	EMETERY OR CREMATORY	23d LOCATION		20023	
	{	Buria1			emorial Cem	CITY OR TOWN	oro. N	.C. 2	7573
	24 FL	JNERAJDIREGIOR White							
		Jack White	ADERE I		oro MC JUN	REC D. BY REGISTRAR 1 0 1987	Juna Di	LOLDEN-K	and as a
- 6	K	rooke & white	A HIIN HOMA	KOYI	MIT NE		_		

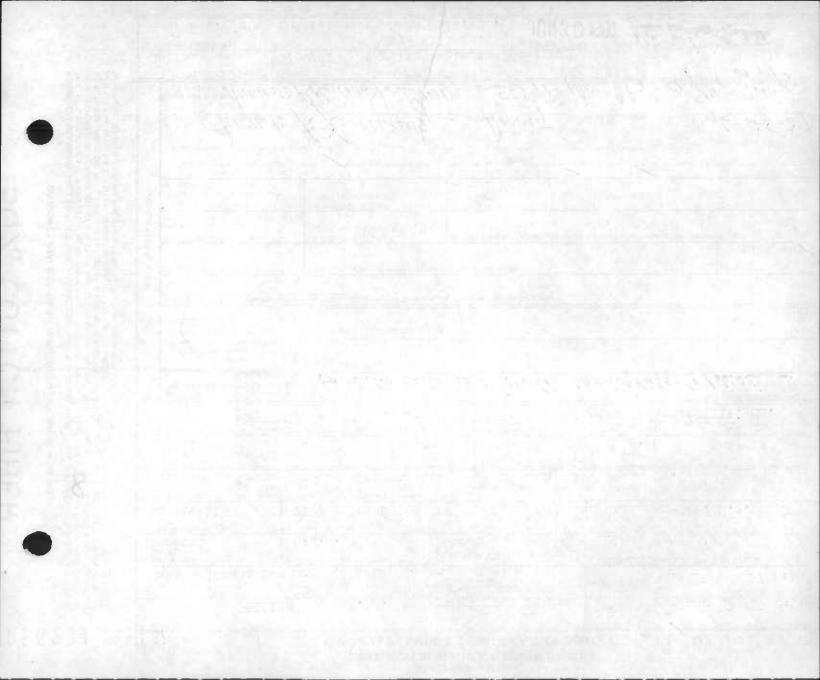
Roxboro, NC

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

Brooks & White Fun. Home



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT! OF ESTI DEATH MATED R FILES. HOURS STREET, William A. A. Edgington June 27 19 87 DATE OF BIRTH 6 AGE (IN YEARS IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED June 27 ..87 5:10 Male CaucasianMarch 26 1919 DEAD 68 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE THEATEOR MARRIED XX NEVER MARRIED FOREIGN COUNTRY U.S.A. Missouri DIVORCED Prince George's 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY NOT IN SUCH FACILITY. GIVE STREET ADDRESS) 7109 Beltz Drive Forestville Chief Radioman-Ret U.S. Navv USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 20747 Prince George Forestville 7109 Beltz Dr. Maryland YES X 15 MOTHER'S MAIDEN NAME William Edgington Bonnie McCombs 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7109 Beltz Dr. Md. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Patricia Edgington Yes WWII Korea 551-38-1040 18 CAUSE OF DEATH (Enter only one couse per line for (o), b), and (c) RETWEEN ONSET AND DEATH alestos arterio pelevotre cardio Vascula PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT P A AND MENTAL HYG MATION, OR REMOV Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L III TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EX EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A E AFIRE DEATH, WITH THE STATE DEPARMENT OF HEALTH & BALTIMORE, MARYLAND, 21201 PRIOJETO BURIAL, CREM. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO / 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY LATHOME. 21f. LOCATION STREET FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Notural causes Accident Homicide \_\_\_ Undetermined monner TIPLE (SPECIEX TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Burial 6/30/87 Maryland Veterans Cemetery Cheltenham P.G. Maryland 07/84 25M 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. DHMH 17 George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

8010

250, DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	, 0	
I DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MON	TH DAY YEAR	2h HOUR
(TYPE OR PRINT) ARLE	NE F	EL	WARDS	6-	22 - 87	345 PM
3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 MRS
Female	White	Jul		51	YRS. DATS	HOURS MIN
BIRTHPLACE SATE OF FOREIGN	Th CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
Washington DC	USA	WIDOWE		PAINCE	- (01-M	Box COMO
CLINTON	11. NAME OF HOSPITA	L, NURSING HOME C GIVE STREET ADDRESS), MANY IA		12a USUAL OCCUPATION (117PE OF WORK FOR MOST OF WO Telephone	PRING LIFE) INDUSTRY	F BUSINESS OR . Communi ations
	NTY 136 CIT	Y OR TOWN  1 dorf	YES NO	3006-17 Ga	CODE allery PL	ACE /
Walter	L A	flen	Frances	WE	McHa	le
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		CIAL SECURITY NO. 3-46-4062	Cynthia Hó		Morris AV and, Mary	
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	ENSIVE	pulmone Ru	NOTASTAS	15	
PART 2 OTHER SIGNIFICANT OF			BSTRUCT 10		7	sease
MALNUTRA 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OR WHICH OPERATION		20a AUTOPSY? 201	LIF YES, WERE FINDING CERTIFYING CAUSES	IGS USED
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC P.M.	ONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2}	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a ( certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	6/22	oth. 19 87, or	d that in (my) (our) apinion of	death accurred on the date of	and hour and from the	
226. SIGNATURE OF THE CONTROL OF THE	Capon	e w	ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	Jun Jun	e 23/5.
Helen i	c APON		7501 5	URRATTS	Ra Chai	TON 4020
230 BURIAL, CREMATION, REMOVAL Burial	23b DATE 25June198		EMETERY OR CREMATORY Hill Cemete	ery Suitland	d PG	Md

Suitland, Md.

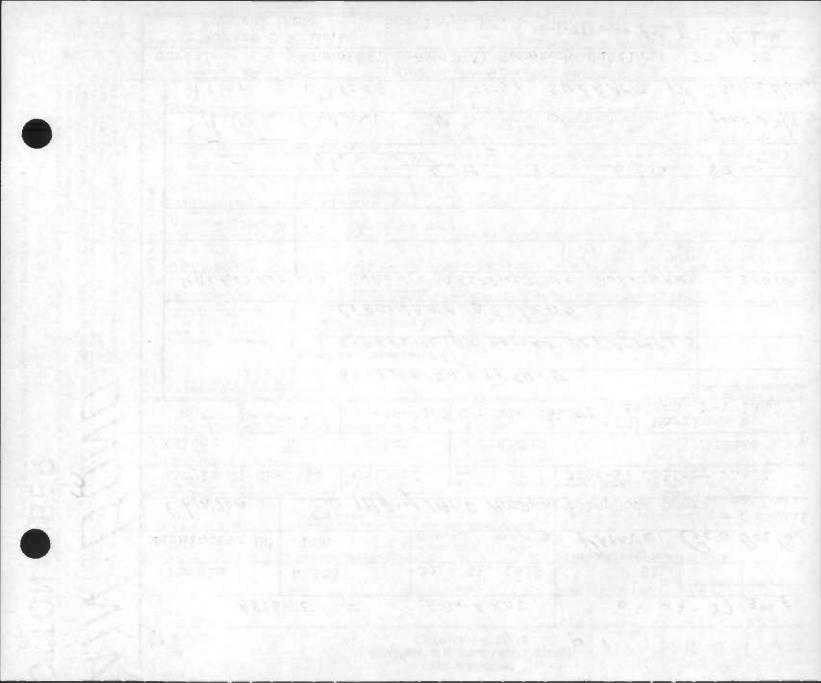
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR E Wilhelm

Funeral Home

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnal-tronsit permit. Then please remove carbon paper with the State Dept, at Mealth and Mental Hygiene priar to burial, cremation, ar removal

IMPORTANT: If Item 21 is marked ar Item 18 shar



- STATE

TYPE OF PRINT

REGISTRAR

JASPER

4 RACE

P. Georges

MIDDLE

IMMEDIATE CAUSE (D)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 2h HOUR FLLIOTT J. 06-04-87 & AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IE INDER 74 HR MONTH **Black** 14 30 10 56 YRS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGES WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Custodial Private UAL RESIDENCE (IF NURS III) WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION II STATE OUNTY 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Landover NO F 7635 Muncy Road 20785 15 MOTHER'S MAIDEN NAME LAST Elliott. Pinky McNai 166 SOCIAL SECURITY NO 17 INFORMANT 7321 Landover Rd. 1951 - 1953 246-48-3436 Lloyd Elliott APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for 10, 16, and ic NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 20a AUTGPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION STREET CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DEGREE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHEY MEDICAL EXAMINER 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE AT WORK

June 10,1987 Cheltenham

ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN

P.S. MANNI 230 BURIAL CREMATION REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE Md

J.B. Enkins Funeral Home DHMH - 16 60M 7/B4 (VRA 15, 4)

Buria1

250' DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE cordy

8 Ju	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND A		IENE 8	REG. N	digues 0.	8	J	1 2
		ASED NAME	FIRST		WIDDLE	Ł	AST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	b HOUR
	THE O	KPRINI)	GERA	LD	M.	E	MERY Sr				06	18	87	12 550%
3.	SEX M	ale		4 RACE Caucas	ian	S. DATE C	08/30	YEAR	6 AGE (IN	YEARS LAST BII	YRS	IF UNDER	DAIS	HOURS MIN
		nkfort, I			what country.	Y? 8 MARRIE WIDOWE	D XXVEVER M	ARRIED	9 BALTIM	ORE CITY O				MD
74		OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE  GEORGE	ET ADDRESS)		NTER		OCCUPAT ORK FOR MOST O		LIFE) INDU	CIND OF USTRY	BUSINESS OR
578	la ST	RESIDENCE (IF NURSI ATE yland	136 COUN	other institution ity rles	134. CITY OR TO Waldorf	WN	13d INSIDE CI	TY LIMITS?		ADDRESS Welli			206	501
980		HER'S NAME FIRST  Archibal AS DECEASED EVER	d	MIDDLE	Emery  166 SOCIAL SE	CURITY NO	Rena  17 INFORMAT	IRST	AE	MIDDLE Be			Ranc	lolph
medic	- (YES	es		E WAR OR DATES)	310-24-			argare	t Eme		ame a	s 13	A-E	
ivent, the	1	PART I. DEATH W		ly one couse per D BY E CAUSE (0)	line formal, (b),	ondic	mia					BE	APPROXIMA TWEEN ON	SET AND DEATH
atian, or re roumatic		Conditions, if ony,	which		R SA CONSEC	. CN -	w dr	ens	din	٨		3	ww	ithes
to the conference of the confe		gove rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R ASSCONSED	UENCE OF	z Mel	litros		W		2	04	ens
o lu		PART 2 OTHER SIGN	IFICANT C	CONDITIONS CO	Ulear	D DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEA	SE OR CON	DITION G	IVEN IN P	ART 1 a	
wsony	CERTIFICATION	DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	RMED	20a AUT	OPSY?	IN CERT	ES, WERE I IFYING CA 'ES []	FINDINC AUSES O	S USED F DEATH?
-7 /6		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJ	URY OCCURR	ED (ENTERN	NATURE OF INJU	RY IN ITEM 18	PART   OR P	ART 2)	
ked or It	ž.	MHILE NOT WH	ED	21e PLACE	OF INJURY REET, FACTORY, OFFIC	E. FARM, ETC )	211 LOCATIO STREET	7		CITY OR TO	)WN	COU	NTY	STATE
21 is mai	2	2a.1 certify that (1) saw the decease	(this hospit	1 1	19	6	d that in (my) (	., 19aur) apinion c	to leath occurr	ed an the d	ate and ha	, 19	, th	
te Dept.	-	Th SIGNATURE		view the body			DEGREE A	ITENDING HYSICIAN	MEDICAL	STA	FF TIAN (T)	72c.	DATE SI	GNED
with the Stat	1	2d. PHYSICIAN'S NA		PRAE,	MD		22e ADDRESS				(	2~	ماليد	tt hu
ā ₹ 23		RIAL, CREMATION,			23	NAME OF C	EMETERY OR CO	REMATORY	23d LOC			ton	rl.	Va <sup>rate</sup>
50M 7/84		IERAL DIRECTOR			Home		725	25a DATE	244 A Al	REGISTRAR		METAL		33 /

STATE OF MARYLAND

amend to the feet of the first of the second CHARLES THE PARTY HELD SOUND TO SOUND THE PARTY OF THE PA

BP.

DHMH - 16 60M 7/8-(VRA 15, 4)

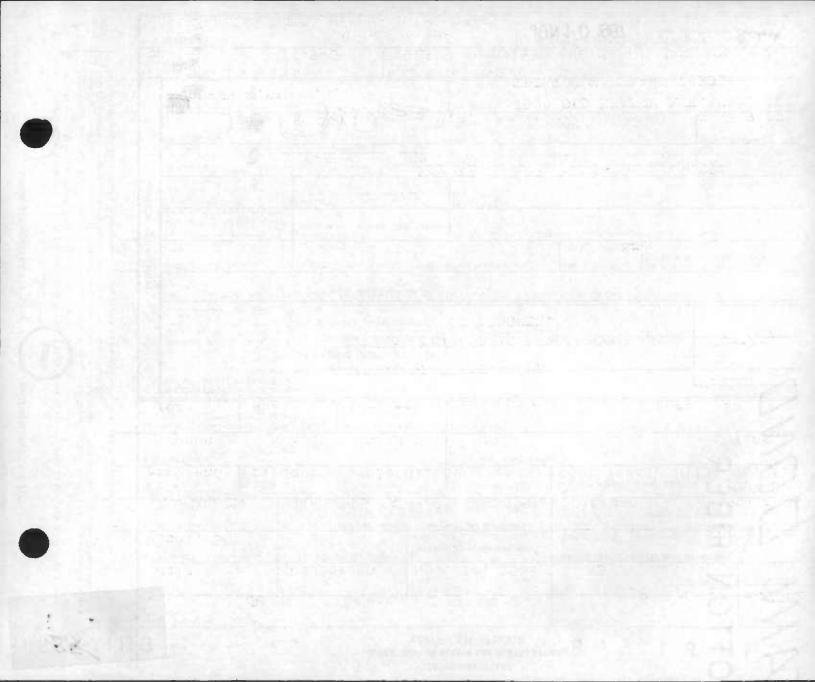
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

	STATE OF
	DEPARTMENT OF HEALT
TE	CERTIFICA

MARYLAND H AND MENTAL TE OF DEATH

HYG	IENE 3	REG. N	40.	3	3		, 7
	20 DATE C	OF DEATH	MONTH	DAY	YEAR	2h HOUR	
			_		-		

5	87-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENT		ENE B /	on and the second	8 0	1 3
		CEASED NAME	FIRST	A	AIDDLE	l.	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
	1.111	ON FRINTI	JOHN		E DWARD		ESLIN J	JR		6 6	87	2 35-44
	3. SE>	(		RACE	- UWAIND	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR	HDAY)	F UNDER LEAR	IF THOER , STIME
	1	Male		Cauca	sian	NOV		923	63	YRS	ON HS DAYS	HOURS MIN.
- 1		RTHPLACE INTATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
F	Wa	ash., DC		USA		WIDOWE			PRINCE G	EORGE	S COII	NTV MD.
1	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUPATION OF OF WORK FOR MOST O	ON	12b. KIND OI	F BUSINESS OR
1		LINTON M		SOUTH	ERN MAR	YLAN	D HOSPI	TAI.	Salesman		Whls	e. Flst
5	13a S	AL RESIDENCE (IF NURS	13b COUNT	Y	GIVE RESIDENCE BEFORE  130. CITY OR TOWN  Temple	N	13d. INSIDE CITY LI		13e STREET ADDRESS / 8601 Temp			20748 Rd. #50
	14 FA	THER'S NAME	44	DDIE	ŁAST		15 MOTHER'S MAI	IDEN NAM			LAST	
0		John		dward	Eslin	SR.	Mamie	2	Pear		Jenk	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE			
	3	Yes	WWI	WAR OR DATES)	579-03=	4863	Helen	J. E	Eslin - sa	ame a	s # 13	3
		18 CAUSE OF DEATH	H Enter only	one couse per	line for 10 , (b , one	ic		FILL			APPROXIA BETWEEN O	MATE INTERVAL
			IMMEDIATE		CARDIO		MARY AR	REST		FLI	HOU	RS
				DUE TO, OF	R AS A CONSEQUE		MILL MI	TUDI			11.79	
		Conditions, if ony,		( b) .	<b>LEKMINAI</b>	MET	CASTATIC	LIP	OSARCOMA		Mon	ths.
		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OR	R AS A CONSEQUE	NCE OF	OF ABDO	MEN.				
9	Z	PART 2 OTHER SIGN	HIFICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	nal disease or cont	OITION GIVE	N IN PART 1 o	
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO XX	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
0	CER	21a. ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS PAI	RT   OR PART 2)	
-7	AL	OR CONTRIBUTING		P.A		19						
1	MEDICAL	21d INJURY OCCURE	RED	21e PLACE C	OF INJURY EET FACTORY OFFICE FA	ARM, ETC.)	711 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (1)		I) ottended the	deceased from_	May		87	to 6-6-			hot (II (we) lost
		sow the decease above, (I) (we) (c	ed olive on_	6-6	ofter death	87 , or	nd that in (my) (our)	opinion d	eoth occurred on the do	te and hour	and from the c	ouses stated
	0	22b. SIGNATURE	na riaid nor	View ine body i	oner deam.		DEGREE				22c. DATE S	GIGNED
		)1	oth (	10 0	52	M		IDING	MEDICAL STAF		Tune	7187
		22d PHYSICIAN'S NA			01/2			7900	OLD BRAN		E.SUI	
		PETER	W.YI	M M.D.							0735	
П		URIAL, CREMATION,	REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY OR CREM	ATORY	Z3d. LOCATION	AND Z	V / 35	
	Bi	Jrial		6-9-8	7 Tr	init	y Memori	al	Waldorf	Ch	arles	Md.
		JNERAL DIRECTOR		P	. 0 . Bo		-	250 DAJE	REC'D. BY REGISTRAR	25MREGISTR	AB'S SIGNAT	BE July
	Hur	ntt Funer	al Ho	ome w	aldorf.		20601	JUI	11 0 1987	COMMON &	Benden-1	



BP. DHMH - 16 60M 7 (VRA 15, 4)

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may be

1						STAT	OF MARYLAND					
	-	FOR			DEPARTI	MENT OF H	EALTH AND MENTAL H	YGIENE	15 /	1	2 1	1 4
1	3 2	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	9	0 0	3 4
-	I DE	EASED NAME	FIRST	AAI	IDDLE		AST	12n D	ATE OF DEATH		AY YEAR	26 HOUR
1		OR PRINT)				PIPT			une 30, 1			6:00 A
			RY	N	•	FEL						M
1	3 SE)			4 RACE		5 DATE C	DAY YEAR		E (IN YEARS LAST BIRT		IF UNDER YEAR	HOURS MIN.
- 5		Female	K	Caucasia	n	Nove	mber 20,1892	2 9	4	YRS		
-		RTHPLACE MATE OR FO	OREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8	NEVER MARRIED	9 BA	LTIMORE CITY O	COUNTY	OF DEATH	
/		ingary		USA		WIDOWE			Pr	ince	George	's Co. MD
1	10 SI	TY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		JSUAL OCCUPATION	NC	12b KIND C	OF BUSINESS OR
10		Tanhan			FACILITY, GIVE STREET		Prince Geos.	[TABE	homemak		industry	
	ÜŚŪA	Lanham		OTHER INSTITUTION G	GIVE RESIDENCE BEFORE	EADMISSION		-				
5	13a S		136 COUN		13c. CITY OR TOW	Nippa	13d INSIDE CITY LIMITS?		TREET ADDRESS /		700	
-	_	ther's NAME	runce	2 Georga	s Hyatts	ville	YES NO X		26 Pinew	ay Zi	782	
2	14 FA	FIRST	,	MIDDLE	LAST		FIRST		MIDDLE		LAS	
10		Josef			Horak		Kristi		40000		Ras	5
1	160 V	VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECE		17 INFORMANT 9	grand	son ADDRE	55		
1	}	10			105-38-5	515	John K. Nen	nes	sau	ne as	13	
		18 CAUSE OF DEATH	H Enter on	y one cause per	me for 10 , (b, on	d ic	1 h. o		1 10	0 0	BETWEEN	ONSET AND DEATH
		PART I. DEATH W		E CAUSE (o)	lciele	, Cer	ones the	2s Cu	Lus a	Car	au I	
				DUE TO OR	AS A CONSEQUI	ENCE OF						
1		Conditions, if any,	which	( 16)	HAL	elle	isu					
3		gove rise to imm		DUE TO OR	AS A CONSTON	ACE OF	0	,				
8		underlying couse		(6)		tier	3 clevr	5				
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL	DISEASE OR CONE	DITION GIVE	N IN PART 1:	0
	N		-	Ouring	tree 1	mee	insens					
13	AT	19a DATE OF OPERAT	HON	The CONDIT	ION FOR WHAL	OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDI	
7	CERTIFICATION			1				YE	S NO	IN CERTIFY	YING CAUSES	OF DEATH?
-	FR	21g. ACCIDENT WAS UND	DERLYING [	21b. TIME OF	INJURY		21¢ HOW INJURY OCC	URRED (				
		OR CONTRIBUTING	_	110110 4 44	A. MONTH D.	AY YEAR		,				
/	CA	(IF EITHER NOTIFY MEDIC				19	201 1 0 0 1 1 1 0 1 1					
	MEDICAL	21d. INJURY OCCURR		21e PLACE O	ET, FACTORY, OFFICE, I	ARM, ETC )	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
		AT WORK AT WOR	RK			1				-	00	
	100	22a I certify that (1)			deceased from_	one			· Ame	30	- 1	that (1) (we) last
		sow the decease above, (1) (we) (d	ed olive on. did) (did not	I view the body o	30 19 _	3 / . 01	d that in (my) (our) opinio	on deoth	occurred on the do	ite and hour		
		226. SIGNATURE		v	and m		DEGREE		DICAL STAF	-	22c. DATE	SIGNED
			_				PHYSICIAN		DICAL STAF ECTOR PHYSIC		6	2018
1		22d. PHYSICIAN'S NA	THE (TYPE O	PRINT)	1.6		22e ADDRESS	I.	bu I	0 1		las
/		Cieo A	Mo.	MOKE.	7 W		3308 D	Jae	pet KI	401	Muc	wer we
-		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. I	NAME OF C	EMETERY OR CREMATOR	RY 23	d LOCATION			(1416
		buria	P	July3.1	987 6	ate o	f Heaven	9	ilver Spl	Lina	Mont.	STATE MD.
	24 FU				llins			DATE REC			ARAISHENA!	ORE
/84	500	University	tu RD.	id (1) Si	PUDA SUA	ina	MD 20901	JUL	0 1901	0		
	200	universi	ry will	M. W. SK	LVEL SOL	rerey .	10 20/01					

Citizen Shared 2 4 parties

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

DECEASED NAME FRST MIDDLE LAST ZO. D.

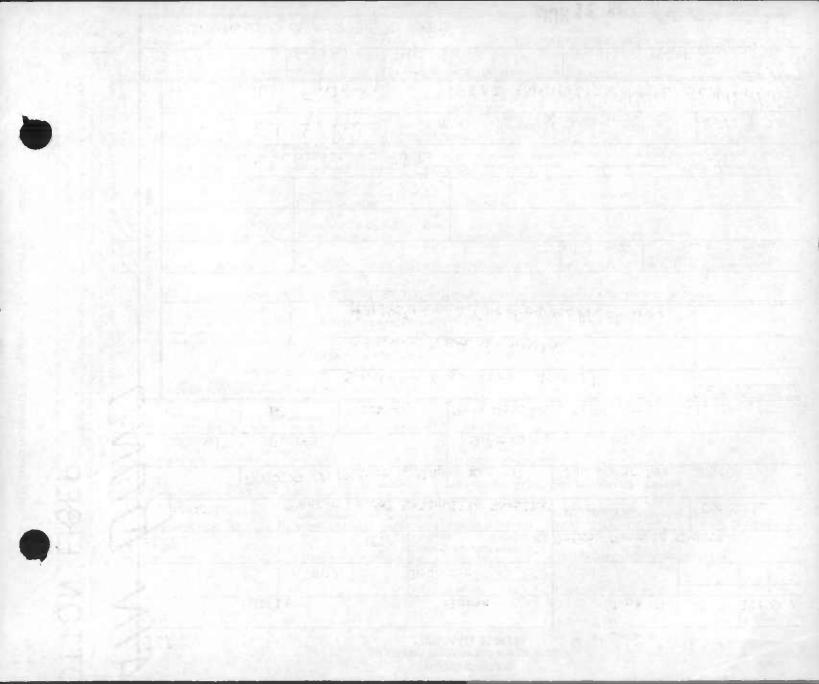
١	0.0	REGISTRAR			CERTIF	ICAIL OF DEATH	Н	0 /	REG. NO.	E		1 3 4
		EASED NAME FIRST		MIDDLE	L	AST	2	o. DATE OF DE		NTH	DAY YEAR	2b. HOUR
	(TIPE (	Odili	a		I	Flores			June (	07,1	1987	12:09 A
	3 SEX		4 RACE	1	5. DATE C		-	AGE (IN YEAR	S LAST BIRTHDA	LY]	IF UNDER YEAR	IF UNDER 24 HRS
		emale	Hispa	nic \	peto	ber 23,	1927	59		YRS	NONTHS DAYS	HOURS MIN.
	00	THPLACE   STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MARRIE	ED 9	BALTIMORE	CITY OR C	OUNTY	OF DEATH	
7.	-	Salvador		USA	WIDOWE	DIVORCE	ED XX P	rince	George	es (	County	MD
Z	0 CIT	Laurel	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	ville Hosp	(	20 USUAL OCI TYPE OF WORK FO HOUSEW	R MOST OF WO		12b. KIND C INDUSTRY Dome:	stic
2	130 M				TOWN	13d Inside City Lim Yes XX NO [	AITS? 13				, 20910	
1	FAT		MIDDLE	LAST		15 MOTHER'S MAID			VIDDLE		ŁAS	1
Ц	16 \A/		Lores	14h SOCIALS	SECURITY NO.	Eufemia 17 INFORMANT	<u> </u>		Reyes			
	(YE		E WAR OR DATES)	Unkno		Rosa Mene	endez.	18536	Bowi	e M	11 Olo	ev MOOR?
		18. CAUSE OF DEATH (Enter on	ly one cause ner			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 10550	DOME	- 113		MATE INTERVAL ONSET AND DEATH
		PART 1. DEATH WAS CAUSE		Sud		ardiac	AN	rest			BELWEEN	JNSET AND DEATH
		IMMEDIAI										
		Conditions, if ony, which	DUE 10, OI	R AS A CONSE	-	onal to	arlu	1				
		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSE								
		underlying cause last.	(6)	AS A CONSE		un Cord	www	sculor o	chrose	2		
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	E TERMINA	AL DISEASE O	RCONDITI	ON GIV	EN IN PART 110	a l
	o N											
1	CERTIFICATION	90 DATE OF OPERATION	196 COND	TION FOR WH	HICH OPERATION	N WAS PERFORMED		200 AUTOPS	IN IN	CERTIF	YING CAUSES	OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c HOW INJURY C	OCCURRED		O N		S []	NO []
P		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR			( Elaiek is with	OF HAJORY III	IILM IS F	Anti-On-Paniz)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE		19	21f LOCATION						
		WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY, OFF	FICE, FARM, ETC.)	STREET		CI	ITY OR TOWN		COUNTY	STATE
		220 1 certify that (I) (this hospi	tal) attended the	e deceased fro	om 4	2.5. 19_	87	. to	. 6		19 17	that (I) (we) last
		saw the deceased alive an above, (1) (we) (did) (did no	G - 6.	ofter death	9 97 on	id that in (my) (aur) a	pinian dea	oth accurred or	n the date o	and hou	r and from the	causes stated
		22b. SIGNATURE	1	arier deam.		DEGREE					22c. DATE	SIGNED
		117	- Fat	emi	. M	ATTEND PHYSIC	ING X	MEDICAL DIRECTOR	STAFF		67.	87
		27d PHYSICIAN'S NAME (TYPE O	R PRINT)			27e ADDRESS		, ,	. 1 4	, .	0, 11	1 Ma
		or Jalal	Fat	6 MI				Polis k	204	12	BLAde	MSDUFG
		JRIAL, CREMATION, REMOVAL	23b. DATE		231 NAME OF CI	EMETERY OR CREMA	TORY	23d LOCATIO			COUNTY	STATE
		urial	6-10 -	87	Parklay			Rockvi		Mont	gomery (	0. M
		NERAL DIRECTOR	Cil	ADDRE	is a		Sa. DATE RE	EC'D. BY REGI	STRAR 256	REGISTI	RAR'S SIGNAT	URE
	W.	W. CHAMBERS CORP.	, oliver	pring, M	1D 200910	)				2 .		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

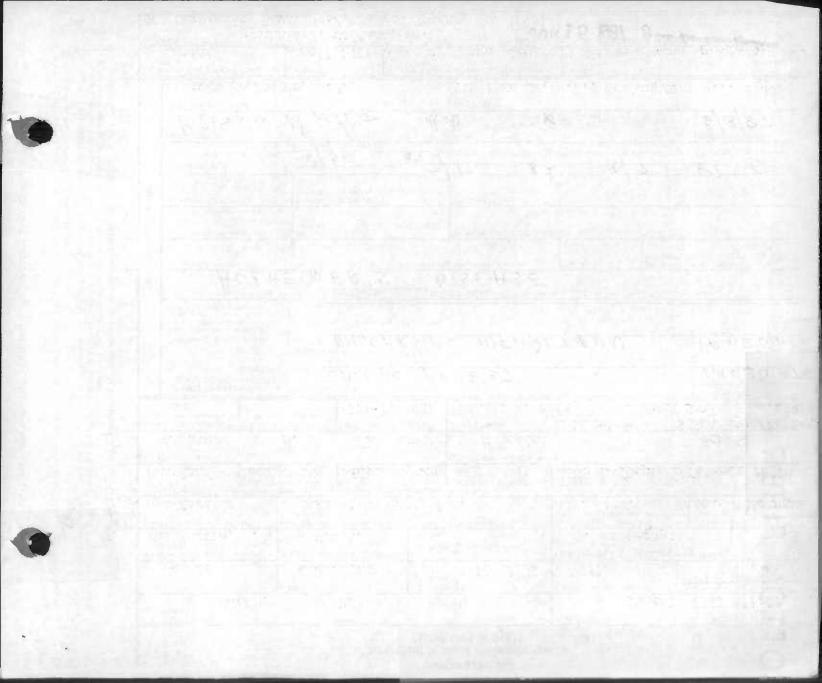
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal. MPORTANT: If Item 21 is marked or them 18 staves any injury, or other traumatic event, them

ATTENDING PHYSICIAN: The low



IENE	8	7
		REG. N

56654 Jun 1		FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLA EALTH AND I	MENTAL HYG	IENE 8	REG NO	rance.	8 0	Toward O
		CEASED NAME	FIRST		MIDDLE	l	451		20 DATE OF D		ninc	DAY YEAR	26 HOUR
A 74	(TYPE	OR PRINT)	elen		V.	For	Ley			Jus	ne 7.	1987	11:30pm
po de de	1.SE	V.		4 RACE		5 DATE C	FBIRTH		6 AGE (IN YEAR	RS LAST BIRTHD	(YAY)	IF UNDER YEAR	IF UNDER 21 HRS
8 40 /	is.	female		Cauco	isian	July	To	1905	81		YRS	Dars	MIN.
12 A(1)		RIHPLACE PLATE OR P			WHAT COUNTRY?	8 MARRIEI	NEVER A	MARRIED	9 BALTIMORE	_			
WAY 11 X		ishington,			S.A.	WIDOWE	DD Dr	VORCED [		ce Geo			MD.
	H	TY OR TOWN OF DEA jattsville	1	Sacred	HOSPITAL, NURSIN HEACHITY, GIVE STREET HEART HOS	ne, I		TITUTION	120 USUAL OC LTYPE OF WORK FO Adm. A	SST.	VORKING LIFE	126. KIND C INDUSTRY atent	Attorneys
1	Mo	AL RESIDENCE ITE NURS	Mont	gomery	Silver S		13d INSIDE C	NO 🗌	8505 S	DRESS / Z	IP CODE		ce 20970
1 10 /6/	4 FA	THER'S NAME		MIDDLE	LAST			FIRST OO		MIDDLE		LAS	ST
# 1 11/03/0		Asbury		N.	Thomps			rcella	1 . 1	T. DDDESS	GEAL	Ecke	
TWORE IN THE PROPERTY OF SHAPES	16a. V	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	577-10-		17 INFORMA Franci	s X. Fo				Spring	guale Terr , Md.2091 (
T. BAL Historie physics montes resent. N		PART I DEATH W	AS CAUSE	Ily ane cause per D BY:	ARDIAC		RES	T					MEDIATE
1 W PRESTON of the that the death ce by the attendant out retines carb.  I. cremation, or rether transmonte.		Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediote g the	(b)_	R AS A CONSEQUE	DIA	L IN	FARC	Tuo	N		1 191 1	NEDIATE
quirmi quirmi la propried la p	NO	PART 2 OTHER SIGN	JIFICANTO	ELUI E	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDIT	ION GIVE	EN IN PART 1	o
At RECOI	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPS	SY? 2	Ob IF YES	, WERE FINDING CAUSES	NGS USED 5 OF DEATH? NO
HCIAN, T B physical confliction field from the Hyg		216 ACCIDENT WAS UNE	AUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURE	ED (ENTER NATUR	RE OF INJURY II	NITEM IS PA	ART   OR PART 2)	
MYSION otherfor other by the by hand M	MEDICAL	WHILE NOT WHAT WORK		21e PLACE (	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
TTENDIN PARIO TON A for one of of health		220 I certify that (1) saw the decease abave, (1) (we) (c				37.6	d that in (my)	(our) opinion	, tadeath accurred a	6/ 7 on the date	and have	and from the	that (1) we) last
TAL OR AN ON A LONG A LONG A LONG CONTROL OF L		1276. SIGNATURE	16.	Nec	ler	M	D. 1		MEDICAL DIRECTOR	STAFF PHYSICIA	N	6/8	SIGNED
O HOSPY cloined by Howle be with the 51			. Nea	lon, M.I				oth St.	N.W., (		ngtor	1, D.C.	20006
BP		Burial, CREMATION, SPECIFY) Burial JNERAL DIRECTOR		June 11,	1987 Ga	te of	Heaven		23d LOCATH	ier Si	oring	Monta	amery Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		O Universi	ty Bl	ud. West	Collins, t, Silver	Jr. Spri	ng. Md.	10901	15 19	87 8	The state of	Dendura	NC .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) DEATH MATED AGE UN YEAR FUNDER IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 0 BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CT NEVER MARRIED FORFIGN COUNTRY Maruland U.S.A. WIDOWED L DIVORCED II CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B & O Railroad Retired 30 STATE 130 CITY OR TOWN 13e STREET ADDRESS 507 8th St. laurel Maryland Laurel Maryland M FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Berry Lewis France Sarah 17 INFORMANT 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO G WITH FOR IYES, NO. OR UNKNOWN) 213-03-2029 Mary E. France 507 8th St. Laurel. MD No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL IN PENCIL IN IT EXAMINER ALC RIAL - TRANSIT F DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM D AS A BURIAL - T lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MISALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO C 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 TE PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE 220 I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINENTS NAME MYPE OR PRINT 236. BURTAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 6-8-87 Burial Maryland France Cemeteru 07 84 BP

So. DATE REC'D. BY REGISTRAR

256. REGISTRAR'S SIGNATURE

25M

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

Bailey Funeral Home 1348 N. Calboun St. 21217

by the funeral director page 3 filed within 72 hours after death

by the attending physician and ca se remove carbanpopers. Pages I cremation, ar remaval.

injury, or other traumotic event, the

within 24 hours after death. Page 4 may be

certificate be

requires that the death

ATTENDING PHYSICIAN: The law

etained by the haspital ar attending physician

BP.

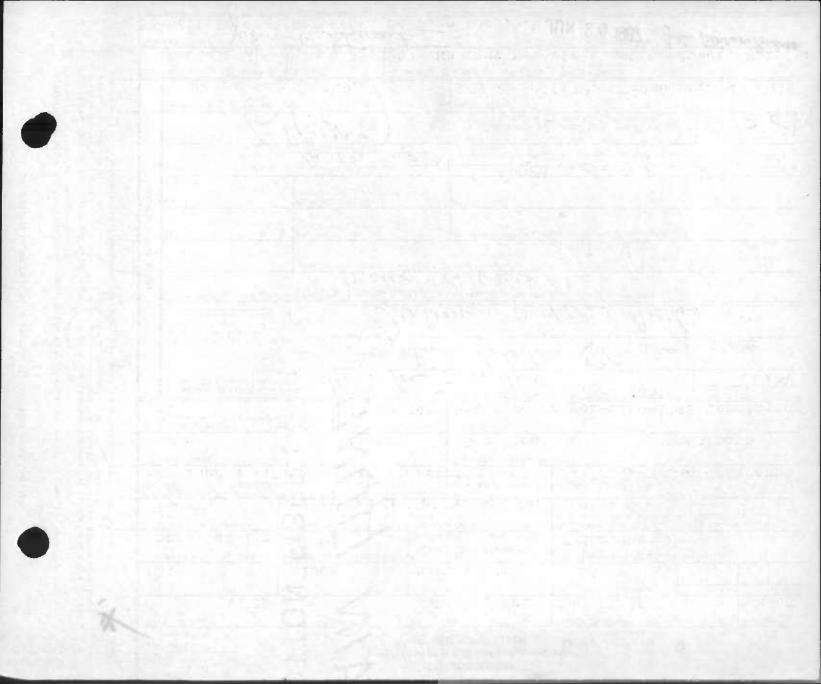
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIFIC ATE OF DEATH

	M3.	REGISTRAR		CERTH	CAIL OI DEATH	REG. NO.		*				
		CEASED NAME FIRST	MIDDLE	Į.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
		Willie			AYER, Sr.	June 13, 1987		10:46Pm				
ı	3 SEX		4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	HOURS MIN.				
	Ma	ale	Black	Nov		65 YR						
I		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COU						
4		orth Carolina	USA	WIDOWE		Prince George	e's	MD				
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR				
4	_		Doctors' Hospita		Pr. Geo. Co.	Retired .						
	130.5	TATE 136 COUNTY P. C		V 1	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO		Avenue				
1	I4 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WIDDIE WIDDIE						
4	Ja	ames	Frayer		Beatrice	WIDOLE	Unkno	wn				
1		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS						
		10		4459		rayer-wife-l		rington				
1		PART I. DEATH WAS CAUSE		lic I	Seat Pleas	ant, Marylan	d APPROX	ONSET AND DEATH				
		DUE TO OR AS A SEQUENCE OF ALLE MOST PROPERTY.										
		Conditions, if ony, which	The state of the s	YES.	- Anterine	A Steeke	7 40	elle				
		gove rise to immediate couse 10, stating the underlying cause lost with the underlying cause lost										
		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0				
	NO O		May	, ,	Aliolio E	1	de	1				
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIOI	N WAS PERFORMED		YES, WERE FINDII RTIFYING CAUSES YES []					
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)					
	ICA	LIF EITHER NOTIFY MEDICAL EXAMINER		19								
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
			tal) attended the deceased from	11	1981	106-13	1921	that (I) (we) last				
		saw the deceased alive of abave, (I) (we) (did (did))	19 (1) Hody after death.	5% . Jon	d that in (my) (our) opinion o	death occurred on the date and	hour and from the	couses stated				
		22b. SIGNATURE	1/ocer)		ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE	SIGNED /521				
1		224 PHYSICIAN'S NAME	Appel		22e ADDRESS	J DIRECTOR   TITTSCIATE		0)				
		Ohannes Sah	akian M.D.		5632 Annapol:	is Rd., Bladens	burg, Md	1. 20710				
		URIAL, CREMATION, REMOVAL	236 DATE 23c N	IAME OF C	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE				
	( )	Burial ()	June 19,198	7 H		rial Park La		Maryla				
	24 FU	INERAL DIRECTOR	1- Dewart	711/3		REC'D. BY REGISTRAP 56. REG	STEAR STREET	Mr. Commen				
	St€	ewart Funeral	Home-4001 Be	nnin	g Road, N.E.	UN 44 DU						

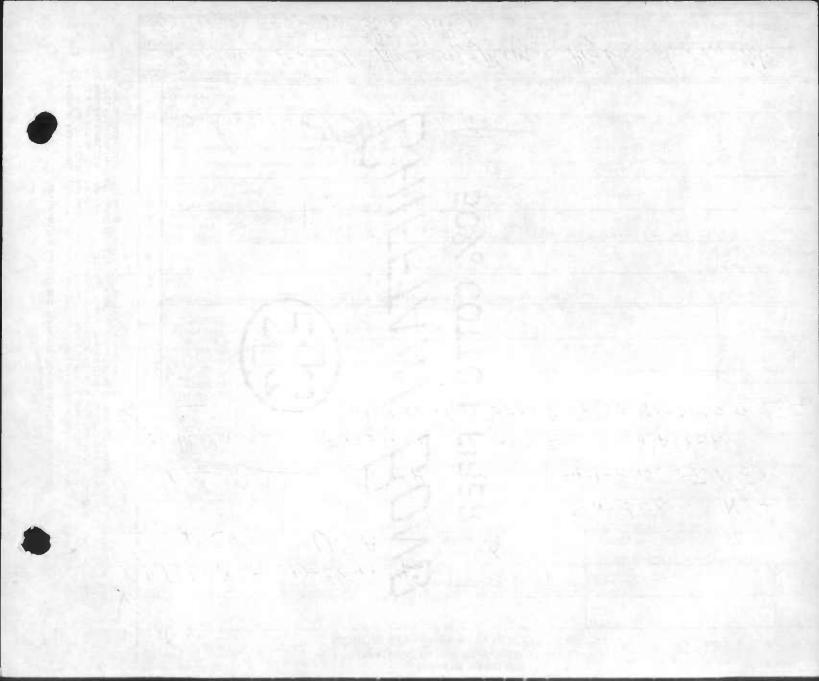
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene priar to burial.

MAPORTANT: If Item 21 is marked or Item 18 shows ony



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG NO ECEASED NAME 20 DATE KNOWN X TYPE OR PRINT OF Robert. DEATH MATED Freeman 14/1987 IE LINDER I YR DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHOAY 12:05 P<sub>M</sub> PRONOUNCED DEAD 187 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County 20 USUAL OCCUPATION ITYPE OF WORK CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cheverly Prince George s General SUAL RESIDENCE IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE AOM SSION MIL COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME ANNIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO HE YES GIVE WAR OR OATEST THE CENTRICATE, WRITING THE WORD: PRODING" IN PENCIL IN ITEM 18. GIVE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH THE ALONG WITH THE CTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PARTIE DE MATTHER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIDING THE MATTHER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIDING THE MATTHER WORD. 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: Multiple Stab Wounds IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 1:30 6/14/1987 subject stabbed 21e PLACE OF INJURY LATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK house Division Ave., N.E., Washington, D.C. 22a I certify that I took charge of the remains described above, held on Inspection Homicide X death resulted from: Natural causes. Undetermined manner DATE 5/15/87 SKINATURE EXAMINER'S NAME Dennis F. Smyth, MD. Penn St. TYPE OR PRINT 0 234 LOCATION 24 FUNERAL DIRECTOR (VR A15 M 15)



CERTIFICATE OF DEATH	DEPARTMI	ENT OF	HEALTH	AND	MENTAL	HYGIENE
		CERT	IFICATE	OF	DEATH	

3	REG. N	10	8	U	2	U	
TE	OF DEATH	MONTH	DAY	YEAR	2b HC	UR	
	6-25-	87			4.3	On.	N
-	IN YEARS LAST B	RTHDAYI	IF UND	ER I VEAR	IF UND	EP TO H	25

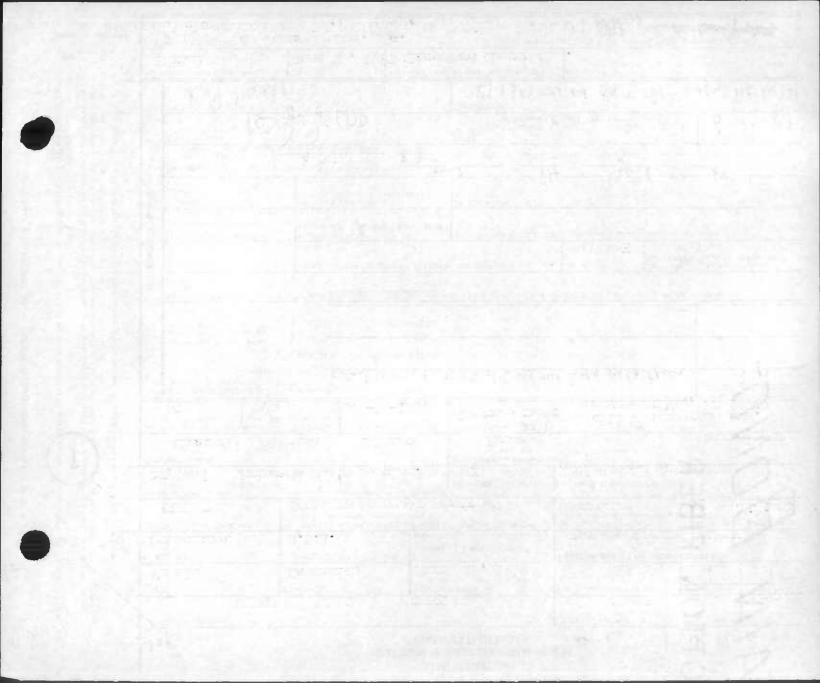
	CEASED NAME FIRST		MIDDLE	į.	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
TYPE	ELLEN		В	GARCI	7)		05 07		1 20-
3. SE		4 RACE	D	5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYPA	R IF UNDER THE HES
	emale	Caucas	ian	Marc	h 23, 1919		68 YRS	MONTHS DAYS	MOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	
Co	nnecticut	U.S.A.		WIDOWE	DE DIVORCED	PRINCE	E GEORGE		
10. C	CLINTON	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET RN MARYT J	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR SECRETA	MOST OF WORKING	LIFE) INDUSTR	of BUSINESS O Y U.S. De ricultur
	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)			-	1	1 TIL
	ryland Princ	eGeorge	s Suitla		AES NO DE CITA FIWILZS.		coks Dr	126	2/46
14. FA	ATHER'S NAME	441001E	1000		15 MOTHER'S MAIDEN N				
	Chauncey	Maish	Blain		Freda		IDDLE		adinger
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES OF NO n/a	MED FORCES? VE WAR OR DATES)	577-18-1		Gordon Prac	ht 251	ADDRESS 2 Winter restvill	rgreen I	Ave. 20747
	18 CAUSE OF DEATH Enter o	aly one couse per	line for (a) (b) an	dic			T. ALL VIII		XIMATE INTERVAL
	PART I. DEATH WAS CAUSI	D BY	wast canu	2. 1. 74	a chest walls	WA Diver la	abilion	BETWEEN	71h
			R AS A CONSEQU						0
N	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	( (c)_	R AS A CONSEOU		NOT RELATED TO THE TER	RMINAL DISEASE OF	CONDITION G	LIVEN IN PART	0
CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FIND TIFYING CAUSE	S OF DEATH?
RT								YES 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	-	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE	OF INJURY IN ITEM 18	B PART ( OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	228.1 certify that (I) (this hasp sow the deceased alive or	6 2 1	e deceosed from_	t for	d that in (my) (our) apinion	to	the date and he	19 81	that (1) (we) lose courses stated
	obove, (I) (we) (did) (did no 22b. SIGNATURE	t view the body	after deoth	1	DEGREE				E SIGNED
	(0)	gar yes	bo			MEDICAL DIRECTOR	STAFF PHYSICIAN [	6-	26-87
	224. PHYSICIAN'S NAME TYPE	OR LAUTE I		1	22e ADDRESS	1 1 0	1 4 - 1	201	11.00
	K. Y. Yeung	,5.0				volgand Re	# 20/	Climpy,	hd 2013
	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CITY ON Y		COUNTY	STATE
1	Burlal	June 2	9, 1987	Chansi	Ford Church (	Len.			

BP.

FOR = STATE REGISTRAR

OHMH-16 60M 7/84 (VRA 15, 4) 6633 Old Alexander Ferry Rd., Clinton, MD 20735

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUL 0 1 1987



7122 Ju		FOR STATE REGISTRAR	*		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE REG. N	1 8
o + 3	1 DE	CEASED NAME AKA		ster	Alfrei		Gelinas, RJM	20 DATE OF DEATH	MONTH
moy by pogetter deg	3 SE		Regin	A RACE		5 DATE C		6. AGE (IN YEARS LAST BE	987
oge 4		emale		Caucas		Marc		92	YRS
rol di 72 ho		RTHPLACE   STATE OF F	OREIGN I		WHAT COUNTRY?	8 MARRIE		1 BALTIMORE CITY	_
	_	anada TY OR TOWN OF DEA	TH				DR OTHER INSTITUTION	Prince	NOI
15	H	yattsville		Regina	Convent	ADDRESS)		COOK	OF WORKING LIFE
1/11/2	3a S	AL RESIDENCE (IF NURSI	13b COUN		GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	
直播工	-	ryland THER'S NAME		Geo.	Hyattsv	ille	15 MOTHER'S MAIDEN NA		s Road
1 月后班		Alfred	٨	AIDDLE	Gelina	rs	Eleonore	WIDDIE	
and c		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT Siste	er Superior	ESS
e be ers.P		No	4 F		087-42-8		Sister Estel	e Gravel	Same a
physi in pap imava		PART I, DEATH W.	AS CAUSED	y one couse per BY CAUSE (b)	0.	rato M	arrest		
ith cer nding carbo notice					R AS A CONSEOU		)		
e attend move ca nation, c	- 1	Conditions, if any, gove rise to imm	ediote	(b)_			to5.5		
that that the sase resolution of the rother		underlying couse	g the last.	DUE TO, OI	RAS A CONSEOU	ENCE OF	a of the	Parciers	
equires that the signed by the Then please rem	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE
ow remit.	ICATION	190. DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES
Variation.	CERTIFIC	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR	YES NO	YES

WERE FINDINGS USED ING CAUSES OF DEATH? NO [ RT I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 85 22a. I certify that (I) (this hospital) attended the deceased from, Dec June that (I) (we) lost

22a. I certify that (I) (this hospital) attended the deceased from Dec., 19.85, to Jum., 19.87, that (I) (we) I saw the deceased alive on Jum. (I) 98, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

1721 University Blad W. Wheaton MD 2090.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

26 HOUR

126. KIND OF BUSINESS OR

IF UNDER TYEAR

OF DEATH

INDUSTRY

OSIOUT

N IN PART 1 a

9.20

20783

P

236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF IOWN COUNTY STATE BURIAL DUN. 15, 1987 Mother St. Vincent Adelphi Pr. Geo. Maryland 24 FUNERAL DIRECTOR Francis J. Collins, DREJT. 250 DATE RECD. BY REGISTRAR'S SIGNATURE 500 University Blvd. W. Silver Spring. Md. 20901 JUN 18 1087

MO

DHMH - 16 60M 7/84 (VRA 15, 4)

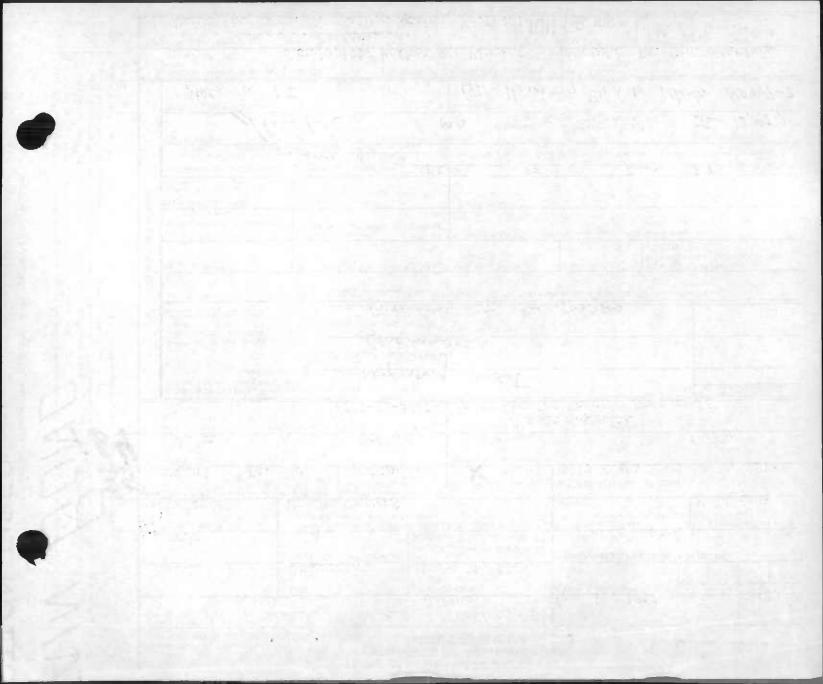
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should be detoched for use as the burial-th with the State Dept of Health and Mental IMPORTANT: If Item 21 is marked or Item

TO FUNERAL DIRECTOR: After

ATTENDING

MEDICAL



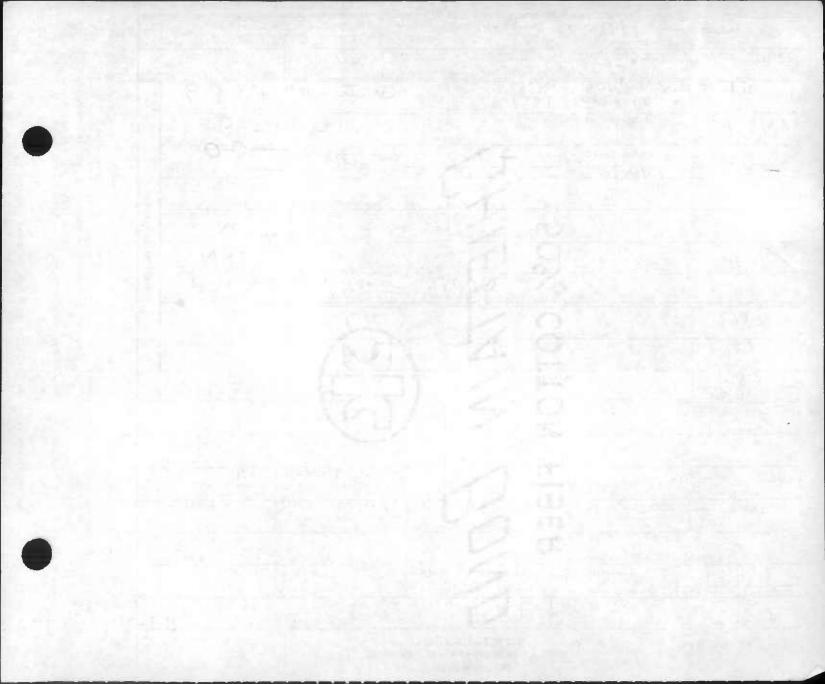
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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056	500 July 1	113	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	0 /	802	60
	3 75 6		EASED NAME FIRST OR PRINT)	7 GILC		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 5-21 A
~		3. SE>		1 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRT)	HDAYI IF UNDER LYEAR	IF UNDER 24 HRS
7	of the		Female	B1ack	Nov	23 194:	43	YRS MONTHS DATS	HOURS MIN.
-	2 82/4/			76 CITIZEN OF WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY OF		
	1 11/1/	W	ashington, D.C.	USA	WIDOWI		PRINCE	Gronb	ES COMO
	1 1/2/	18 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	F BUSINESS OR
102	1 11/19		CHINTON	SO. MANY	ANI	HOSPITHU	Secret	ary Gov	rt
ND 217			RESIDENCE (IF NURSING HOME OR TATE 136 COUN aryland	OTHER INSTITUTION GIVE RESIDENCE LEFOR TOWN PG Upper Man		13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 16707 Ward	ZIP CODE 1 ow Rd/20772	>
N. S.	· (金融) (1)	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	LAS	
A.	1 13/11/2	No.	illiam A.	Adam		Ruth	Ε.	Willi	
IMORE	bogod.			MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 579 58 1		Eddie L. Gil		per Marlboro 7 Wardlow Rd	
T. BALT	physica physica moval.			y one cause prine for (a), (b), or D BY:	jau	undary	Arrest	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
STONS	theoding we control on or n		Conditions, if any, which	DUE TO OR AS MEONSEOU	ENCE OF	g-wet an	itensi		
W. PRE	that the di and remains it cremat		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSEQU	ENCE OF	a Pleurspo	ffusion.	Sezur	e
RDS, 20	equires The gired r to burn injury, o	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 1	o
IL RECO	he low or permit and property of the permit	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
OF VITA	physical phy	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 8 PART I OR PART 2)	
NO.	1 4 4 4 A	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	N COUNTY	STATE
N/S	of of the state of	2	ORK NOT WHILE	(ATTIONIE, STREET, FACTORT, OTTICE,	_		( _ c	2	
	TENDS A STATE OF THE PARTY OF T		saw the deceased alive an	all attended the deceased from	3	nd that in (my) (aur) apinion	death occurred on the dat		that (1) (we) last causes stated
	A A A A A A A A A A A A A A A A A A A		above, (I) (we) (did) (did no 22b. SIGNATURE	view the bady after death.	-	DEGREE		22c DATE	SIGNED
	A P D T T T T T T T T T T T T T T T T T T		4	-,15	/	ATTENDING PHYSICIAN	MEDICAL STAFF		(3-2
	HOSPIT Corned by PUNER PORTAN		22d. PHYSICIAN'S NAME (TYPEO	SAN ANSA6	21	Clin 200	30 GM3-6	your M	4 #101
	5		URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	22/3	1
	BP	(	Burial	Jun 12, 1987	Harmo	ny Memorial	Landov	ver PG M	aryland
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	B. Ten Kins			do JU	REC D. BY REGISTRAR 2	Lia Dander	-lub

Harry Hatter the energy of the first with a

	1			STAT	E OF MARYLAND			
0.000	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGII	ENE 8 / REG NO.	8 0	20
		SAMMY	SAMMY	G lov	GLOVER	may 28,19	DAY YEAR	26 HOUR M
ger 4 mer	3 SEX	male	Mac BLACK DA COLO	. Igari	L 24, 1902		IF INDER YEAR	HOLK MN.
116/		ONE Mississip	Uesi	WIDOWE	D NEVER MARRIED DIVORCED	Prince Des	JNTY OF DEATH	MD.
1190	La	nham				to usual occupation of work for most of work are tired/Fo	ING LIFE INDUSTRY	eel
1 1 35	130.5		TY GGORG LILANI			13. STREET ADDRESS / ZIP (7022 - 97th	CODE Work	er (20706)
11/60		Anthony	GLOS GLOS	ver	Fannie	Miller	LAST	
in and a c.Payer.		VAS DECEASED EVER IN U.S. ARA ES NO OR NKNOWN! (IF YES GIVE	WAR OR DATES	SECURITY NO. 09-6897	William M.C		Lanham, Ma	ryland
printions g physics consequents assent, the		18 CAUSE OF DEATH Enter only PART I DEATH WAS CAUSED IMMEDIATE		b, and c_	Rend Fail	ne		NSET AND DEATH
despt of		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONS		memi		198	7
that the d by the cone into		cause a stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF			19	87
respective y charter y	TION	BPH B	rain Turi	w, A.	SCVO			
The loss of the lo	RTIFICA	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		YES NO NO INC	IF YES, WERE FINDING ERTIFYING CAUSES O YES	OF DEATH?
Scient of physical distribution of the physic	ICAL CE	21a, ACCIDENT WAS UNDERLYING NO OR CONTRIBUTING NO AUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		D (ENTER NATURE OF INJURY IN ITE	M IS PART OR PART 2)	
MC PHS offer the my the for the and M	MEDIC	21d INJURY OCCURRED  NO! WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O.		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND COOK A GEN VIEW C OF Head		saw the treased alive an abave,	size the bady after death.	19, ai		eath occurred an the date and		
RALDER SALDER MILE Day		226 SIGNATURE UB Patre	九亚加			MEDICAL STAFF DIRECTOR PHYSICIAN		8/87
O HOSP reprind 1 TO FUNE house he s			ICH ETM		22e ADDRESS 93-1	Colarille Spring,	Rd Md 209	10
BP		Burial Burial	06/06/87	Forest	EMETERY OR CREMATORY  Cemetery	Toledo, Luc		
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME BAI Georgia A	ADDI	P # 3 3	1111	RECD. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATU	endette



funeral director, page 3 ithin 72 hours after death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1	8	J	2	60-1
	REG NO				

	CE ASED NAME	FIRST		MIDDLE	17	AST	20 DATE OF	DEATH	MUNIH	DAT	TEAR	2b HOL	
[ TYPE	E OR PRINT)	DONALD		R.	GOO	DD			06-	10-8	7	12	.30A
3 SE	X	4.	RACE		5 DATE O	F BIRTH	& AGE INY	EARS LAST BIRTH	HOAY)	IF LINDER	YEAR	IF UNDER	R 24 HRS
	Male		Caucas	sian	Mar	ch 30, 1924°	63		YRS	MONTHS	DATS (	HOURS	MIN.
70 B	IRTHPLACE (STATE OF	FOREIGN 76	CITIZENOF	WHAT COUNTRY?	8		9 BALTIMO		COUNT				
	Virginia	a	United	d States	WIDOWE	D NEVER MARRIED DIVORCED	PRINC	E GEO	RGE '	S COL	YTYL		MD
10 C	ITY OR TOWN OF DE	ATH II				TAL CENTER	120 USUAL ( (TYPE OF WOR)  Taxi	DCCUPATION Drive		LIFE) 12h H	KIND OF		loye
130 5	AL RESIDENCE (IF NUF STATE Maryland	13b CQUNTY	Υ	GNE RESIDENCE BEFORE 131. CITY GEOMPT 20 S HILL	le 1	136 INSIDE CITY LIMITS?	13e STREET A	ADDRESS / Keat:	ZIP COL	DE Stree	t/20	0748	
14. F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA	1		0		,		
1	William		J.	Good		Pansy		MIDOLE O.		I	Larr	ick	
	WAS DECEASED EVE	IN U.S. ARME		166 SOCIAL SECUI	RITY NO	17 INFORMANT	3	828DRE	aban	a Lar	ne		
1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES	579-22-5	545	Mr. Robin Go	od	Dalla	s, T	exas	7	5221	L
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only WAS CAUSED I	one couse per BY:	UFNTRICAL	AK F	BRILLATION				8.6	APPROXIM TWEEN O	NATE INTE	DEATH
	Conditions, if any gave rise to im couse (a), stati underlying cous	mediate ng the	1	HAPP TEN									
ATION	gove rise to im couse (0), stati underlying cous  PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO	NOITIONS CO	RAS A CONSEQUEI EPSIS DINTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	ALONA	704					
TIFICATION	gove rise to im couse (o), stotunderlying cous	mediate ng the e last.  NIFICANT CO	NOITIONS CO	RAS A CONSEQUEI EPSIS DINTRIBUTING TO D	NCE OF			704	20b. IF YI	ES, WERE	FINDIN	GS USE	TH?
CAL CERTIFICATION	gove rise to im couse (0), stati underlying cous  PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO PATHY ATION  ADERLYING CAUSE OF DEATH	IC) SOUDITIONS CO.  19b CONDI	R AS A CONSEQUEING PS / S / S / S / S / S / S / S / S / S	NCE OF	VOXIC ENCEPH.	PLOPA 200 AUTO YES	7 My	20b. IF YI IN CERT	ES, WERE IFYING C	FINDIN AUSES (	GS USE OF DEA	TH?
MEDICAL CERTIFICATION	GOVE rise to im couse (0), stati underlying cous  PART 2 OTHER SIG  COAC ILLO  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  LIFETIMER NOTHY MEE  21d. INJURY OCCUR.	IMEDIATE COMPANY CONTROL OF THE CANT CO PATHY ATTON CAUSE OF DEATH DICAL EXAMINER)	19b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A.	R AS A CONSEQUEI PS I S J DITTIBUTING TO D TO PATHA TION FOR WHICH OF FINJURY M. MONTH DAM	NCE OF  BEATH BUT I  OPERATION  Y YEAR  19	NOXIC ENCEPH.	PLOPA 200 AUTO YES	7 My	20b. IF YI IN CERT Y	ES, WERE IFYING C	FINDING AUSES (	GS USE OF DEA	TH?
	GOVE rise to im couse (0), stati underlying cous  PART 2 OTHER SIG  COA C UCO  190. DATE OF OPERA  210. ACCIDENT WAS UP  OR CONTRIBUTING  (IF EITHER NOTIFY MED  WHILE  NOTIFY MED  AT WORK  NOTIFY  220. I certify that (1)  sow the decepo	IMEDIATE CONTROL OF THE CANTER CONTROL OF DEATH OF DEATH OF DEATH OF DEATH OF THE CANTER CONTROL OF THE CANTER	19b CONDI 19b CONDI 21b. TIME O HOUR AA 21e PLACE (A1 HOME STR	R AS A CONSEQUEING SOLUTION FOR WHICH OF INJURY M. MONTH DAM M. DF INJURY DE	NCE OF  REATH BUT  A  OPERATION  Y YEAR  19  RRM.ETC	VOXICENCE PHI.  N WAS PERFORMED  216 HOW INJURY OCCUR!	A COPA	PSY? NOW TURE OF INJURY CITY OR TOW	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C YES [] S PART LORP	FINDING AUSES (	GS USE OF DEA" NO [	TH?
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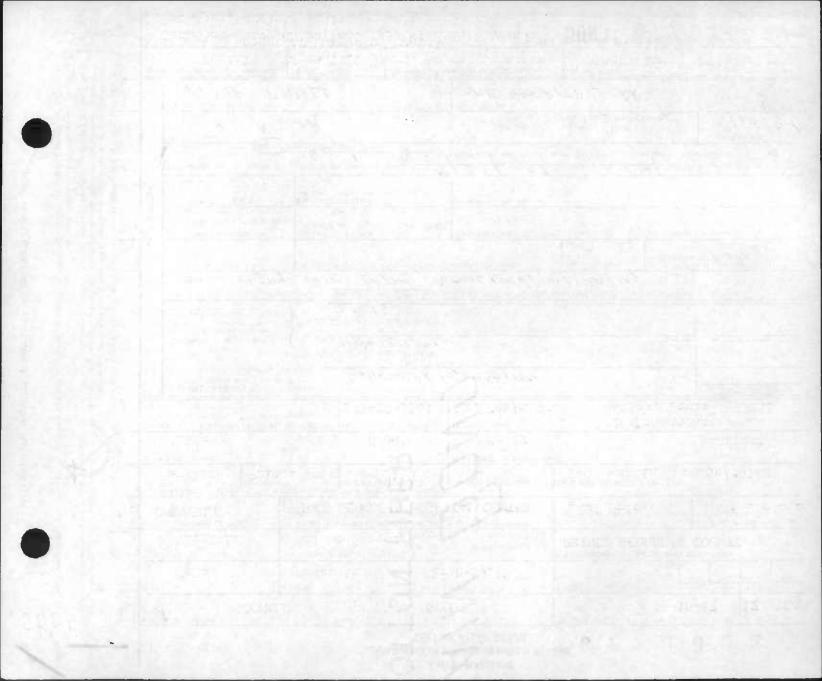
DHMH - 16 60M 7/84 (VRA 15, 4)

Bethesda, Maryland 20814

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept of Health and Mental Hygiene priar to burial, cremation, at removal.

etained by the hospital or attending physician

BP.



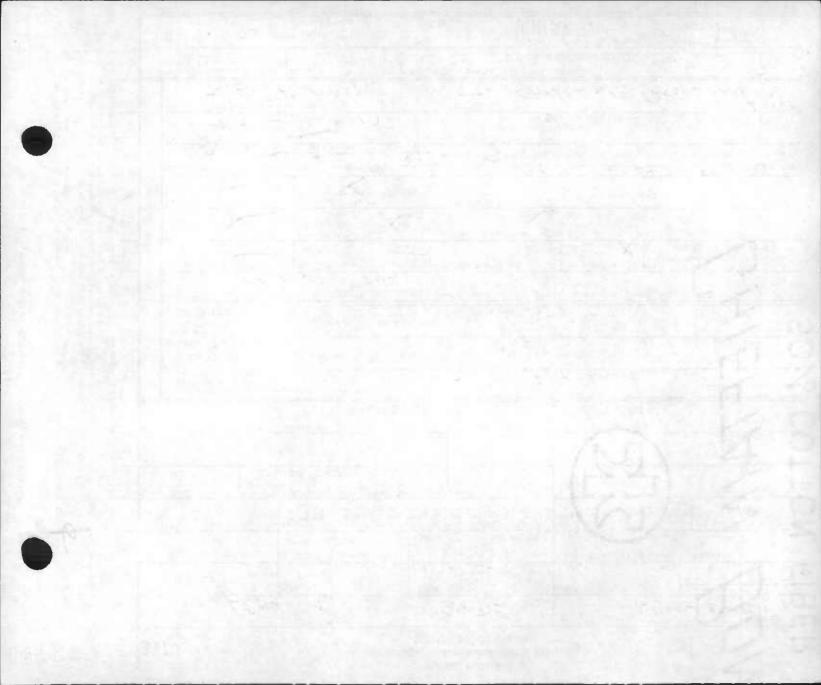
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oy be loge 3 death			EN4				SONDE	6	24 87 12:65 0.
pod de	3 SEX		7007	4 RACE		I DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF NOFR JAHR
of the	0 041	Female	7	White		MONT		0/	TON'S DATE HOUR MIN.
direction of the same	7a Bil	RTHPLACE ATE ON FOR	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8 01		9 BALTIMORE CITY OR COU	NTY OF DEATH
\$\langle \frac{1}{2} \frac{1}{		Virginia		USA		WIDOW	D NEVER MARRIED	Prince George	
* W = 1		Y OR TOWN OF DEATH	1 !	11. NAME OF		G HOME	OR OTHER INSTITUTION	12g USUAL OCCUPATION	125 KIND OF BUSINESS OR
at a de	Ad	elphi		101911509	RiggswRd	Adelp	hi 20783	TYPE O'HOMO Maker PRKII	NG LIFE) INDUSTRY /a
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N 2 2 N	110 5	Md			ge Adelp		YES NO X	10111 Riggs Ro	
TYLY also	II FA	THER'S NAME		MIDDLE	LAS		15 MOTHER'S MAIDEN NA		IAST
W P P P P		Joseph		W	Todd		Margaret	WIDDLE	Shoemaker
d ce lical		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRESS	
ALTIMOR  te be execution and  te be. Seers. Pages  the medic	no	ES NO ON DIVINO WAY	(11 163 011	t was on buries;	218-56-9	1976	Ann Stogsdil	l same as #13	
BALT orte i		18 CAUSE OF DEATH	Enter on	ly one couse per	line for io , (b) on	d ic	Å	1 . 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., physical properties of the physical properties of the physical physica				E CAUSE (0)			Cardin-Pr	In Arnst	
O him and him of the control of the				DUE TO, O	R AS A CONSEQUE	NCE OF	411-		100-
PRESTON he death constitution or transmitten, or transmitten, or transmitten, or transmitten.		Conditions, if any, w		(b)			CHF		6 Mas
W. P		couse o, stating underlying couse	the	DUE TO, O	R AS A CONSEQUE	NCE OF	Dra - all se		Text
201 es the pleo urial,		PART 2 OTHER SIGNIE	ICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 a
	Z O	C	- 4	brest	CVA	200	TO REPUED TO THE TERM	WAL DISEASE ON CONDITION	OTTEN PART PO
RECORDS.  Iaw requit as been sig	CERTIFICATION	19a DATE OF OPERATIO	N	1-2-	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED
	TIFIC		>		_			YES NO	RTIFYING CAUSES OF DEATH?  YES NO NO
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	CER	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING		110110 4		AY YEAR	216 HOW INJURY OCCUR	RED I ENTER NATURE OF INJURY IN ITEM	A 18 PART   OR PART 2)
SICIA ng pl right right	MEDICAL	HETHER NOTIFY MEDICAL	EXATINER	Ρ.	M.	- 19	X	4	
PHY endir	MEDI	21d INJURY OCCURRED		21e PLACE	OF INJURY	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG offer as the orthograph of the orthograph		AT WORK AT WORK			X	Ł	1 2 2		
END of o OR. A Heal is m		22a.t certify that (1) (th				-000	19 19	depth accurred on the date and	hour and from the causes stated
ATT ATT aspit ECTC as to at		saw the deceased above (1) we idid	(did no	wiew the body	after death.		DEGREE	dediti occurred on the dote one	22c DATE SIGNED
DIR he h		-R. H	15 1		- m2		ATTENDING	MEDICAL STAFF	1 251 47
PITAL (by the by the ce detace detace datace)		22d PHYSICIAN'S NAM	E ITYPE O	R PRINT)	7.30		22e ADDRESS	DIRECTOR   PHYSICIAN	70912
TO HOSPITA etained by TO FUNERA should be de with the Stat		73,4	-	ANDET!	2.6/1			ROLL IVE TAN	toma BLAK Mid
Short of the short	23o B	URIAL, CREMATION, RE.			23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	//
RD.	- (	SPECIFY) Burial		6/27/	/87 S	tonew	all memory Gar	dens Manassas	Prince William Va.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Donald W. Borgwardt 4400 Powder 20705

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

100	REGISTRAR						REC	G. NO		
	ECEASED NAME	FIR51		MIDDLE		1ca 1	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
(1)	PE OR PRINT)	Lena		J.	Grai	ney	June	18, 19	87	9:45 A
3 5	SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
F	'emale		Caucasi	an	Febru	lary 19,1901	86	YRS		MOURS MIN.
70	BIRTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	D NEVER MARRIED	9 BALTIMORE CIT	_		
	laryland		U.S.A.		WIDOWE	DIVORCED	Prince C		MD.	
10	Clinton	DEATH				spital Center	120 USUAL OCCU (TYPE OF WORK FOR MY Housewi	OST OF WORKING		OF BUSINESS OR
130	ual residence of N state laryland	136 COUN Princ	other institution of the George	GIVE RESIDENCE BEFORE 13c CITY OR TOWN e Clinton	N	13d INSIDE CITY LIMITS?	13e STREET ADDRE			}
14.	FATHER'S NAME FIRST Unknown		WIDDLE	Grimes		Laura	ME	A.E	Biggs	, r
160	WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES?	577-38-2		Frederick F.	Graney C1	DDRESS 511 Gle Linton,	nview Dr Md.	
NO	Conditions, if a gove rise to couse (a), ste underlying cou	immediate oring the use lost	( (c)	RAS CONSEQUE	role	OVANA NOT RELATED TO THE TERM Affons	MINAL DISEASE OR C	CONDITION G	IVEN IN PART 10	<b>.</b>
CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [	
	OR CONTRIBUTION	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCI	WHILE WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	220. I certify that saw the dece abave, (I) two 22b. SIGNATURE		tal) attended the	.4	/	nd that in (my) row, opinion			D -	
1	22d. PHYSICIAM'S		aucian,	M.D.	N,	ATTENDING PHYSICIAN DE 122e ADDRESS 9450 Penn. A	,	STAFF IYSICIAN	[arlboro	. Md .
230	BURIAL, CREMATIO				IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
130	(SPECIFY)	, KUMOTAL					CITY OR TOW	/N	COUNTY	STATE
20	Burial FUNERAL DIRECTOR		6/20/	6160	LS UI	nited Meth.Ch.	tem. Can	EARLISH RECL	ngs P.G.	Maryland
1	NAME	75 7		ADDRESS	J UXO	II HILL KU DAT	Z Z 438	THE NEGR	TAMED STONAL	OKE

Oxon Hill, Md.

George P. Kalas Funeral Home

DHMH - 16 60M 7/84

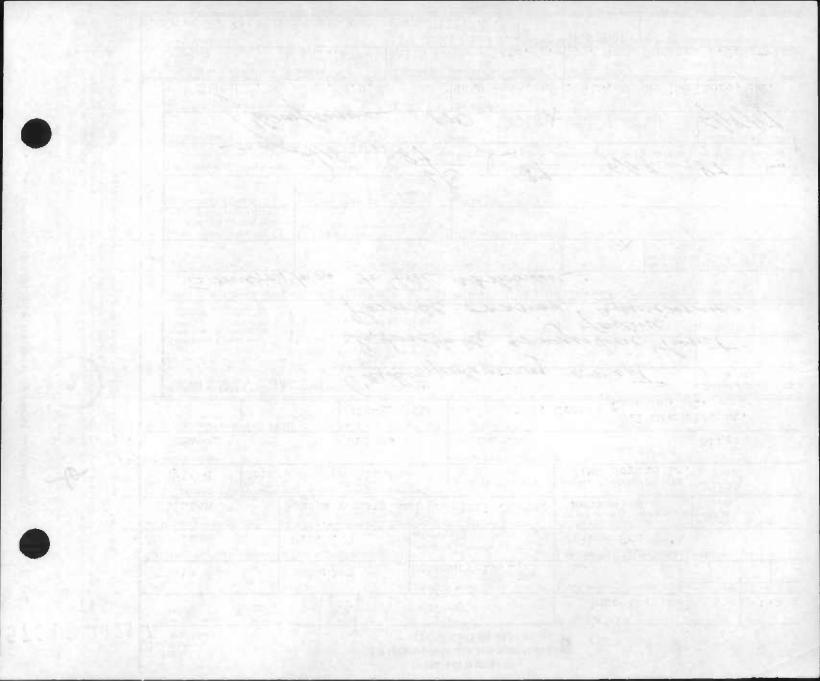
BP.

MPORTANT: If Item 21 is should be detached

TO FUNERAL DIRECTOR. After this certificate has being

FOR STATE

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0 2

' '	REGISTRAR				CERTIF	ICATE OF DEAT	H	0 /	REG. NO	0			
	COLORD LALLING	IRST		MIDDLE	i	AST		2a DATE OF			DAY YEAR	2b HOUR	_
1	E OR PRINT) WILI	TAM	HA	AROLD	GR	TDLEY			. П	INF. 1	15 1987	12.50	F
3 SE			RACE		5. DATE C	OF BIRTH	AR	6 AGE INY			IF UNDER TYEAR		RS
	TALL		CAUC	•	3	28 189		90		YRS.	MONTHS DATS	HOURS M	IN
7a. B	IRTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRI		9 BALTIMO	RE CITY O		OF DEATH		
	chigan		USA		WIDOWE			Princ	ce Ge	orge			ME
	ITY OR TOWN OF DEATH	11		HOSPITAL, NURSIN		OR OTHER INSTITUTE	NC	12a USUAL		ION OF WORKING LII	126 KIND	OF BUSINESS	_
An	drews AFB	1	Malcoln	Grow Me	dical	Center		Retire	ed		US N	lavy	
13a :		COUNTY		GIVE RESIDENCE BEFORE 134 CITY OR TOW Ft. Wash	N	13d. INSIDE CITY LIA 1 YESXX NO	AITS?	13e.STREET /			Lorne C	267	1/2
14. F	ATHER'S NAME	N AA	DDLE	LAST		15 MOTHER'S MAIL	DENNAM		MIDDLE		LA		
	William		D.	Gridl	ev		riet	t	MIDDLE		Dooli		
	WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRE	SS			
		918-		363-10-4	312	Lily H. C	Grid1	ley sar	ne as	item	13		
	18 CAUSE OF DEATH	Enter only	ane cause per	line far (a), (b), and	d (c)	A DA					APPRO) BETWEEN	MATE INTERVAL	Н
	PART I DEATH WAS	MEDIATE	CAUSE 10) CA	ARDIO-RES	PITOR	Y FAILURE							
	Conditions, if any, w gave rise to immed cause a stating underlying cause	liote	(b)P1	R AS A CONSEQUE NEUMONTA R AS A CONSEQUE									
NOI	PART 2. OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMI	INAL DISEAS	OR CONI	DITION GIV	EN IN PART 1	o	
CERTIFICATION	190 DATE OF OPERATIO	Ν	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTO	PSY?	IN CERTIF	S, WERE FINDI FYING CAUSES		
	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU:	SE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY (	OCCURR	ED (ENTERNA	TURE OF INJUR	RY IN ITEM IB F	PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			EET, FACTORY OFFICE, F.		21f LOCATION STREET		16.0	CITY OR TO	WN	COUNTY	STATE	
	220. I certify that the saw the deceased above.	alive on	D JUNE	19 (	MAY 87	d that in (my) (aur)	87 Opinian d	ta 15	JUNE d an the da	ate and hav	19 <mark>87</mark> or and from the	that-(twe)	ast
	726 SIGNATURE			COBNUM Capt		DEGREE ATTENE	DING X	MEDICAL DIRECTOR	STAF	FF Clan []		6/87	
	22d PHYRICIAN'S NAMI KORY	C. C	524-84-	3611 AFSC 93 n Grow USAF N ad		22e ADDRESS MALCOLM	GROW	V USAF	MED (	CEN A	AFB,MD	20331	
23a	BURIAL, CREMATION, RE/ (SPECIFY) Cremation		23b DATE 6/16/8			itan Crema			ATION OR TOWN <b>EX</b>		COUNTY	Va.	
24 F	UNERAL DIRECTOR				•				EGISTRAR		TRAR'S SIGNA		
G.	P. Kalas 610	60 0x	on Hil	1 Rd. Oxo	n Hil	1, Md.	1111	N 1 0	1007	1 lin	Trider	Landalle	

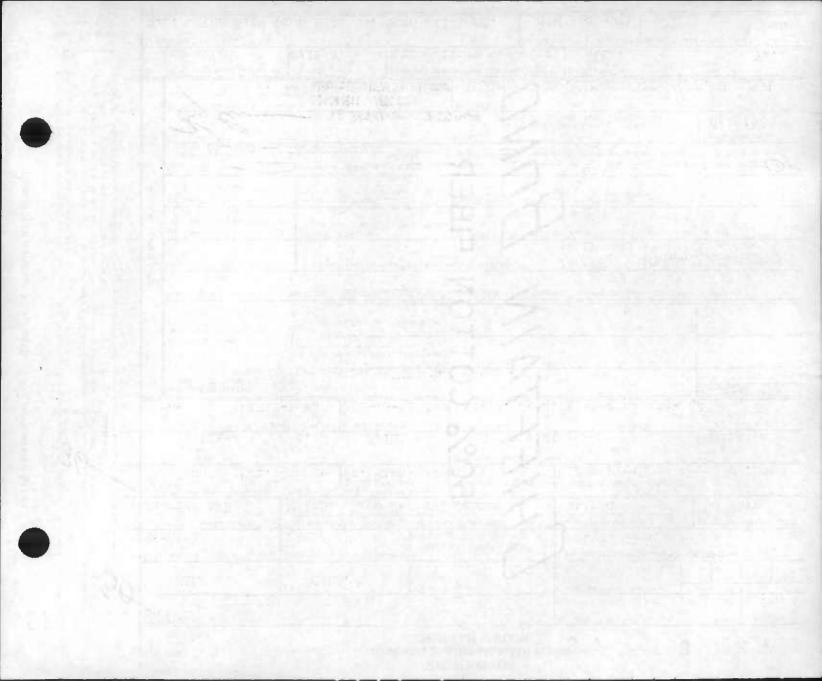
DHMH - 16 60M 7/84 (VRA 15, 4)

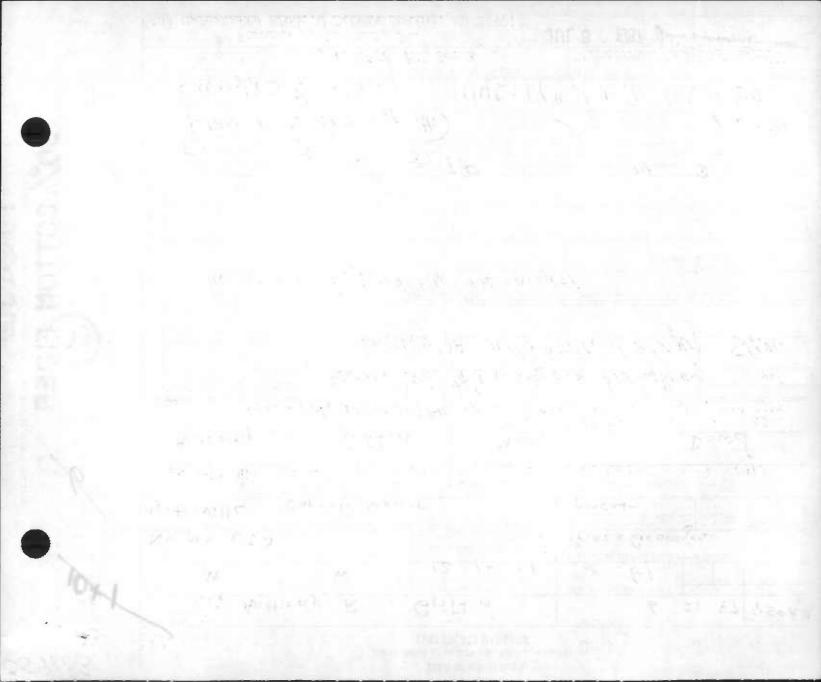
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove carbanopper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other troumatic event the

FOR





5 6 4 4 9 J	M I	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	8 REG. N	. ! 8	3 0	2 9
o e o		PECEASED NAME FIRST PREST PRES	MIDDLE	1 Hai	5T	20 DATE OF DEATH	MONTH OAY	87	12:35 A
noy be	3	SEX NOBLE	1 PRANKLI	5. DATE O	BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF ALL		IF UNDER 24 HRS
ctor,		MALE	WHITE	MARC	OAY YEAR	73	YRS	HS DAYS	HOURS MIN.
Pog Hill	70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY		DEATH	
deoth.	/Is	OUTH CAROLINA	U.S.A.	WIDOWE		PRINCE	GEORG	es Co	UNTY MD.
ofter d	10	CLINTON	11. NAME OF HOSPITAL, NI		MOSSITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEXTILE W	F WORKING LIFE)		BUSINESS OR
24 hours	7 13	STATE MURSING HOME OR STATE	ITY 13c CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			20646
2 5 5 E	7/11	FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
and	4		LLSON HAI		BERTIE	VIRGI		GF	RIFFIN
be execution on ond be	2 16	(YES, NO OR UNKNOWN) (IF YES, GIV	F WAP OF OATEST	SECURITY NO 3-3020	ORIS E. SV	ADDRI VEENEY	SAME A	S #11	3
ificate be exemply that and mospers. Poper moval.	1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (		ent Sid				NATE INTERVAL NSET AND DEATH
that the death certified by the attending it lease remove carbonial, cremation, or renor or other traumatic events		Conditions, if ony, which gave rise to immediate couse to, stating the underlying cause lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	wosch	losis				
urres signe en p o bur	3		ONDITIONS CONTRIBUTING	TO DEATH BUT I	David of the second	MINAL DISEASE OR CON	DITION GIVEN I	N PART 1 a	
The low requirion.  The low require hos been a six permit. The giene prior to show ony inj		190 DATE OF OPERATION	196 CONDITION FOR W	THICH OPERATION	WAS PERFORMED	200 AUTOPSY3	206 IF YES, WI IN CERTIFYING YES		
4YSICIAN: The ding physicio is certificate buriol-tronsit Mentol Hygie or Item 18 sh	4	OR CONTRUCTIONS LINES OF DEA		DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
DING PHYS or ottendin After this of the bur olih and Me	7 John Mark	21d. INJURY OCCURRED A	21e PLACE OF INJURY	AICE, FARM, ETC )	211 LOCATION STREET NA	CITY OR TO	ww	COUNTY	STATE
Z		220.1 certify that (I) (this hospi saw the deceased alive on	6.0		1 - 19 P +	death accurred on the d	ote and hour and		nat (1) (we) lost auses stated
AL OR ATTER the hospital AL DIRECTO detoched for ote Dept of IT. If Item 21		obove, (I) (we) (did) (did no 22b SIGNATURE	av	mi	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	221 DATE S	
TO HOSPITAL ( retained by the TO FUNERAL IS should be deto with the Store I IMPORTANT: If		22d PHYSICIAN'S NAME (TYPSO	Fadul		270 ADDRESS ( Wall	1,57.60	plate	mij	)20641
5 € € ₹ 3 ₹ 2	23	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION	rc	UNTY	STATE
BP		BURIAL	6-13-87	HERITA	GE MEM. PARK	WALDORF	CHARLE		RYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

AREHART FUNERAL HOME, INC. LA PLATA, MD.

HERITAGE MEM. PARK WALDORF CHARLES MARYLAND

Animals and the second grows are to below the THE WAR TO BE A STORY OF THE PARTY OF THE PA (UBD-UD-1/20) The E'T BASENOW PROMOTE VE 1945 HDY GRYAN 2 TO BEY, Y Longitudina de la companya de la com

BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR - STAT REGI DECEASE UPE OF PRIN

3 SEX

o. BIRTHPL Cumbe

SUAL RES

FATHER' W: 60 WAS DI

PART

21o. A

CERTIFICATION 190 D

Lau

FOR STATE REGISTRAR			DEPARTM	ENT OF H		RYLAND ND MENTAL HYG DF DEATH	0 /	REG. NO.	8	U .	<i>š</i> 0	
EASED NAME	FIRST	A	NDOLE		AST		20 DATE OF D	EATH MONTH	DAY	YEAR	2b. HOUR	
PRINT)	Harry	Davi	d Ha	nekam	р		June 8,	1987			12:05P M	
	4	RACE		5 DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDI	ER LYEAR	IF UNDER 24 HRS	
Male		Cauca	asian	MONTH 7	26	5 1934	52	YR		DATS	HOURS MIN.	
THPLACE (STATE OR F	1111		WHAT COUNTRY?	8 MARRIE	D XXE	ER MARRIED		CITY OR COUN	NTY OF DE			
mberland		USA		WIDOWE		DIVORCED [		Georges		unty	MD.	
y or town of DEA Laurel		(IF NOT IN SUCI	OSPITAL, NURSING FACILITY, GIVE STREET A Laurel BO	DDRESS)			Retif	CUPATION OF WORKIN			「上EMp。 R ibia Gla	s
RESIDENCE (IF NURSI	136 COUNT HOWA	TY _	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Columbi	1	13d. INSI	DE CITY LIMITS?	13. STREET &DI	DRESS / ZIP CO Guilfo	ord F	Rd.	21046	
William	w	IDDIE	Hane	kamp		Elsie		MIDDLE		Hun	phrey	
AS DECEASED EVER	1 1 9 5 2	NED FORCES?	166 SOCIAL SECUI 214-28-		The	RMANT elma Har	nekamp	same	as 1	.3e		
18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	y ane cause per BY: CAUSE (a)	line far (a), (b), and	Card	Low	Imondey	arrest			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
Conditions, if any, gave rise to imm cause at, statum underlying cause	nediate g the	) b)_	AS A CONSEQUE	(W	mer	lung						
PART 2 OTHER SIGN	HEICANT CO	onditions <u>co</u>	INTRIBUTING TO D	EATH BUT	NOT RELA	ATED TO THE TERM	INAL DISEASE C	OR CONDITION	GIVEN IN	PART 1 c		
90 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PE	ERFORMED	200 AUTOPS				OF DEATH?	
210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A./	M. MONTH DA	Y YEAR		w injury occurr	RED (ENTERNATUR	E OF INJURY IN ITEM	IB PARTIOR	PART 2)		
216 INJURY OCCURR	ILE	21e PLACE ( (AT HOME STR	OF INJURY BET, FACTORY, OFFICE FA	RM ETC	21f LOC	ATION	1	7		YINU	STATE	

MEDICAL 21d I 220 I certify that (I) (this hospy idid not view the bady after death DEGREE 22¢ DATE SIGNED MEDICAL STAFF

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECBURIAL) 5/12/87 231 NAME OF CEMETERY OF CREMATORY 1234
Meadowridge Cemetery Jessup Md . TATE Howard

7601 Sandy Spring Rd. 24 FUNERAL DIRECTOR

Fleck Funeral Home, Inc. Laurel, Md. 2070

REGISTRAT SELONATURE

	16 1 30 00 70
	6310
The Course of the Property of the Course of	4 4 37.0

DHMH - 16 50M 4/83

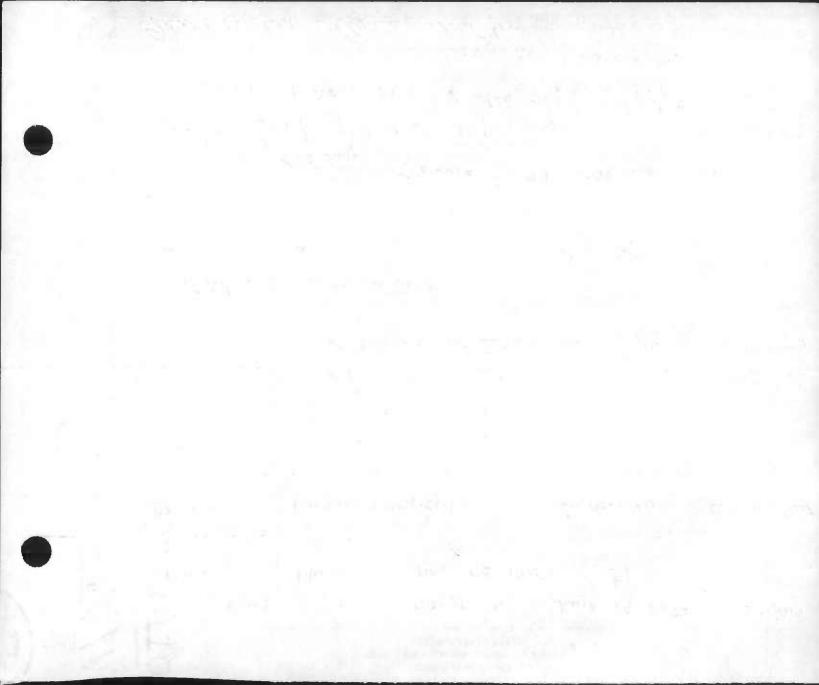
(VRA 15, 4)

moy be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

Hy T	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND N		IENES /	180	5
	1 050	EASED NAME FIRST	MIDDLE	· ·	AST .		20 DATE OF DEATH	MONTH DAY YEA	R 12h HOUR.
		OR PRINTI	MOORMAN	Har	grove		June 22	1984	390/AM
	3. SEX	(	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BI		
	1	male	Black	NOU		1935	51	YRS	
10		RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTR	Y? 8	NEVER M	APRIED T	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
-/		ash., D. C.	USA	WIDOWE		ORCED [	Prince G	enroe's	MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INST	TUTION	120 USUAL OCCUPAT	10N 12b. KIN	ID OF BUSINESS OR
5	-	linton		aspit a	1		LOCKSINIS	Hy D.C	
1		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEF		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	
5				dywine		NO 🗌		cokeek Rd	. 20613
1 4	14 FA	THER'S NAME			15. MOTHER'S				LAST
3	)	Earl	Hargro	V O	Ethe	RST 1	MIDDLE	Moorm	
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMAT		ADDR		411
1		Ves	578 4	6 5616	Marv	Hargr	ove	SAA	
-		18 CAUSE OF DEATH Enter of	nly one couse per line for 101, (b).	and ic				BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	DBY	um	onia	2		-	72 hrs
		The County of the	DUE TO, OR AS MEONSEC	QUENCE OF				2	1. 71
		Conditions, if any, which	( 1b) V HC	que	ed L	mms	une defi	Loury, V	6 money
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			•	Muchan	
		underlying couse last	(c)						
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	1110
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFOR	RMED	200 AUTOPSY?	20b IF YES, WERE FIL	NDINGS USED
X	IFIC	×	N.				VEST NOT	YES	JSES OF DEATH?
_	1	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN	URY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART OR PAR	1 2)
1		OR CONTRIBUTING CAUSE OF DE							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATIO	N			
	A.	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFIC	E FARM, ETC	STREET		CITY OR TO	OWN COUNT	STATE
		AT WORK AT WORK	ital attended the deceased from	716 15	ine	10 87	23 16	ne 10 87	, that (f) (we) last
		saw the deceased alive or	1 22 June 19	OH		our) opinion (	death accurred on the a	ate and hour and from	
		22b. SIGNATURE	at; view the body after death.	2	DEGREE			22c D	ATE SIGNED
		Venu	al Ma	un	-M-DA	HYSICIAN D	MEDICAL STA	FF CIAN [	122/1/
7	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRES	6 1010	odyard	Rd # 50	2/
		VVENKAT	MANI M	D.	21-	CLI	INTO N I	40 207	735.
		BURIAL, CREMATION, REMOVAL	236 DATE 23	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	COUNTY	STATE
	_	Burial	25June87	Resurr	ection	Cem	Clinton		Md
3	24 FI	INERAL DIRECTOR	1 1 10000		1 1201	250 DAT	E REC D. BY REGISTRAF	256 REGISTRAR'S SIG	NATURE
	1	narlellella	Cams, Ugue	2001	TCA 6	8 1111	N 2 6 1987	dia Dander	Kenne



	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE 8	REG.	NO No see of the see o	3	0	J	di Line
16		CEASED NAME	FIRST	٨	MODIE	E)	AST		20 DATE	OF DEATH		DAY	YEAR	2b HO	UR
142	J. Gree	OF PRINTY	WI	LLIAM		HARME	L				06	13	87	10	:15PM
	3 SE)	<		4 RACE		5 DATE O			AGE (IN	YEARS LAST E	RTHOAY)	IF UNE	DAYS	HOURS	R 71 HR
	1	Male		White		Oc				9	O YRS				
	7 0	RTHPLACE (STATE ORFICUNITY)  EW York	OREIGN	U.S.A.	VHAT COUNTRY?	MARRIEI WIDOWE					ORGES				MD
Ý	1	CHEVERLY		PR INCE	E GEORGES	HOSP	ROTHER INSTITUTION	7	(TYPE OF WO		TION OF WORKING  armer	LIFE) IN	o kind o dustry Own		
6		AL RESIDENCE (IF NURSI TATE Md.	13 COUN	ITY.	GIVE RESIDENCE BEFORE 136 CITY OR TOW  Davidson	N	[		3685	ADDRESS Queen	/ ZIP COI Anne	Bri	dge	Rd/:	21035
2	14 FA	Gustav		MIDOLE	Harmel		15 MOTHER'S MAIDE		E	MIDDLE			(Unk	now	n)
2	160 M	VAS DECEASED EVER VES., NO OR UNKNOWN)		MED FORCES? E WAR OR OATES)	166. SOCIAL SECU	RITY NO.	17 INFORMANT Elizabeth				ne Br sonvi				5
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		A CUTE	RES	PINATORY 1	ARE	LEST.				APPROXI BETWEEN C	MATE INT	O DEATH_
		Conditions, if ony,		DUE TO, OR	A CUTE	CELF	BROVACU	IM	A	CLIDE	N				
		gave rise to imm cause (a), stating underlying cause	g the	DUE TO, OF	AS A CONSEQUE	ENCE OF									
	NOI	PART 2 OTHER SIGN	C-	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C					SE OR CO	NDITION G	IVEN IN	PART 1 c			
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO!	N WAS PERFORMED		206 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA				TH2		
1		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	THE STATE OF THE S	A. MONTH DA	AY YEAR	21c HOW INJURY O	CCURRE	D (ENTER	NATURE OF IN.	URY IN ITEM 18	PART LO	RPART 2)		
	MEDICAL	21d INJURY OCCURR	ILE 🗀	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	07		CITY OR I	OWN	C	YIMUC		STATE
		sow the decease above (11) we) (d	d oliye on	6-1	3 19 8	6- 17.00	d that in (my) our) op	oinion de	to	red on the	date and he	19_ our ond		that (	(we) lost toted
		276. SIGNATURE	che	el	(M.	1	ATTENDI		MEDICA	L ST.	AFF	2	S -/	SIGNED	87

UPPER

234 NAME OF CEMETERY OR CREMATORY

Mt. Oak Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health.

O HOSPITAL

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic ev

Richard A. Coleman Funeral Home:

230 BURIAL, CREMATION, REMOVAL Burial

22d PHYSICIAN'S NAME (TYPE OF PRINT)

0

236 DATE

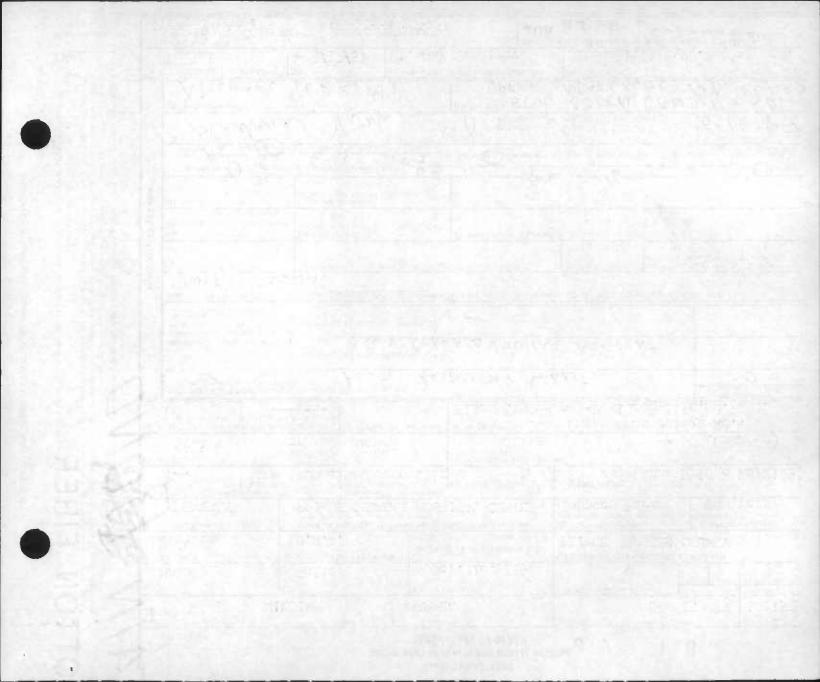
6/17/87

Upper Marlboro, Maryland 20772, ATORY

| 23d LOCATION |
| CITY OF TOWN |
| Mitchellville(Pr.Geo's) | Md.
| 256 DATE REC'D. BY REGISTRAR | 256 REGISTRARIS SIGNATURE |
| JUN 2 2 1987 | |

GREEN LA MARCBORD

LANDING. RD.



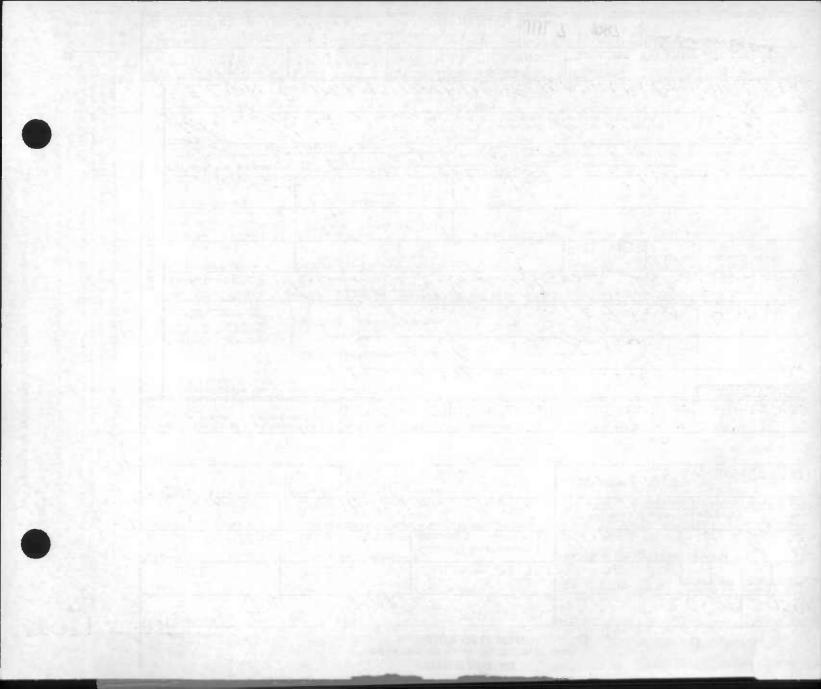
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE.
CERTIFICATE OF DEATH	

		STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	8	REG. NO.	4	8	1,)	ů
		CEASED NAME OR PRINT)	JOE.	JOE	HART	PER	ASTHARPE	R JR.	501		Z	6 198	26 HOU	15AM
	3 SEX	(		4 RACE		5 DATE C		YEAR	6 AGE (III	YEARS LAST BIRTHE	(YAY)	ON HA HALL	IF UNDER	24 HRS.
		Male		Blac	k		uary 2	4,191	2	75	YRS			
1		RTHPLACE (STATE OR F	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH	1	12
1		rth Carol	lina	United	States			ORCED	PRI	NCE	(	500A	60	S MD
1		CLINTO	ON	SD.	HOSPITAL, NURSIN	ADDRESS) AND	OR OTHER INST	_ <		coccupation pak for most of w red/La				
5	130 S Ma	aryland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE MITORE 134 CITY OR TOW Capitol	N	P -	NO 🗆	171	ADDRESS / 2 6 Dewi	tt A	venue	(207	743)
19	14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NAA		MIDDLE_		LAS	ST.	
$\mathcal{I}($	1	Joe	7	yan	Harpe			artha		Jacks				
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU					it to DDAEV				
		ES, NO OR UNKNOWN)			237-30-	0173	Brend	la K.H	arpe:	r (daug	hter	)Heig	hts,	Md.
		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	ly one couse per D BY: E CAUSE (d)	ande	pre	spira	ton	an	rest		APPROX BETWEEN	maté inter QNSET AND	DEATH
		Conditions, if any,	which	DUE 10. 01	CONSEQUE	ME OF	00	etta	sta	ris				
		gove rise to imm couse (a), statin underlying couse	nediate ig the	DUE TO, OF	AS A SONSEQUE	NCE OF	roma	of	the	Lus	a.	4	n	0.
	NOI	PART STOTHER SIGN	incant c	Post	ustive	Cee	more	TO THE PROMISE	MALDISEA 200-4	- (2)	The state of the s	doa month	teo	-
X	CERTIFICATION	19s DATE OF OPERAT		line states	TION FOR WHICH	OPERATIO		0	YES []	NOO	M CEBUSAY YES	Sout		H?
7		OR CONTRIBUTING C C	CAUCE OF DEA	TH HOUR A	M. MONTH DA	YEAR	The HOW IN	UNY OCCURR	ED Index	White of Follows	115 - 16 24	#7 + G# # ##7 71		
	MEDICAL	214 INJURY OCCURR	RED No. I'T	ZIe PLACE C	OF INJUNY HILLACTORY OFFER FO	um tre i	TH LOCATIO	/		CHOSTON	1	COLUMN	-	CATE
		saw the decease	(this hospe	1010	11-11-	) (9 ) . for	nd that in m	our opinion d	in to	red or he date	and hour	and from the		of lost
ė		226 SIGNATURE	III) Lero IIIO	view the body	offer de6th	2		TTENDING L	MEDICA	L STAFF	N	22c. DATE	SIGNED	22
1		22d PHYSICIAN'S NA	AME (TYPEO	R PRINT)	INCH	101	22e ADDRESS		ON HI	11 126	Gxn	WHIL	1/1	1/
-		URIAL, CREMATION, SPECIFY) Buria		236 DATE 07/03	23c N		EMETERY OR C		CI	CATION TY OR TOWN Dene C	ount	No y, Car	rth	TATE 1a
	24 FL	INERAL DIRECTOR I	atne	V'S FII						REGISTRARIASI				
4		Norcott						1111		987				
						1								

DHMH - 16 60M 7/B4

MPORTANT: If Item 21 is marked at Item, 18 shows any injury, at ather traumatic event. In

(VRA 15, 4)



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

TARRIS

REG. NO.	8	U	3	6.
20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR P
06	15	87	11	AN
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNE	DER I YEAR	IF UNDER	24 HRS
	MONTH	EAYS	HOURS	MIN,

4 RACE 5 DATE OF BIRTH 3 SEX MONTH

Female. Caucasian BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Howard

(IF YES, GIVE WAR OR DATES)

MARRIED NEVER MARRIED WIDOWED

Prince George's

Practical Nurse

13e.STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR

Virginia Adelphi

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OF PRINTS

Presidential Woods Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY Columbia

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES |

10059 Quantrell Road Yowell

9 BALTIMORE CITY OR COUNTY OF DEATH

21046

Maryland

No

Roberts WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO

579-48-7995

17 INFORMANT

Elizabeth

Niece Same as 13

Catherine M. Eggers 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) FISTIA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

28e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

**71b. TIME OF INJURY** HOUR A.M. MONTH DAY PM

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

21f LOCATION

22a.1 certify that (1) (this hospital) attended the deceased from, 

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

and that in (my

DEGREE

(our) opinion death occurred on the date and hour and from the causes stated

23n BURIAL CREMATION REMOVAL (SPECIFY) Burial

226 SIGNATURE

Graham Cemetery

23¢ NAME OF CEMETERY OR CREMATORY

MPORTAN ld b

ablanowit

24 FUNERAL DIRECTOR Francis J. Collinsgore Jr.
500 University Blvd. W. Silver Spring.

Orange Virginia 25e. DATE REC'D. BY

DHMH - 16 60M 7/B4 (VRA 15, 4)

Section Total Sent University	Stur. 12	\$ - v-	Sam Carsollong	Osanoe Ok	man Binoshia
					THE TO
				cilions assets	
				- Eggions Micce	
					Same as 13
		E-box-rx 579-11-791	Catharine M		
Ve Ve	Mark (3	Collumbia Collumbia Erbores 379-11-79	Catharine M	10059 Quantita	12 Bond 2104
legistend Hos recetami	pine	Collumbia Collumbia Erbores 379-11-79	Cathardie A	Phiston Rec Fractites? May 10059 Quantite	18674 10 Point 2104
Virginist Agefalist Crustend Her Collina	Mark (3	Collumbia Collumbia Espects 579-11-79	Cathardie A	Practical No. 10059 Guartre	18674 12 Point 2104

eral director

nding physician carban papers.

10 HOSPITAL OR ATTENDING PHYSICIAN The law retained by the haspital or attending physician.

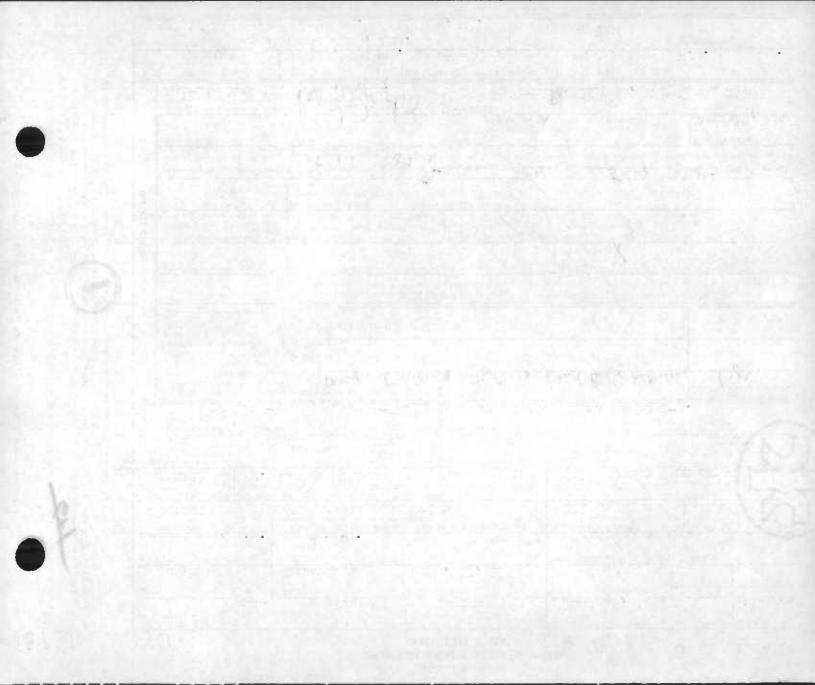
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burnal-transwith the State Dept of Health and Mental Hy MPORTANT: If Item 21 is marked at Item

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENES /	18	0 3	2		
1.05	REGISTRAR CEASED NAME 54	IR IT	MIDDLE		AST .	REG. N 20 DATE OF DEATH		YEAR 76 H	OUR		
	CP PRINT!							20 11			
	Jan	nes 4 RACE	Richard	Tr Dave o	Harris	June 18,			10 A M		
3 SE	X	4 RACE		5 DATE C	DAY YEAR	D AGE IN YEARS LAST BIR	THURY	PER DATE TOUR			
	Male		asian	Sept	. 27, 1946	40	YRS				
	RTHPLACE ATE OF LORE	GN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
Wa	shington, D.		U.S.A.	WIDOWE	D DIVORCED	Prince (	eorges		MD		
	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST C	ON -	126 KIND OF BUS	INESS OR		
C	linton	6416	Brooke Jane	Driv	7e	Bell Capta		Motel			
	AL RESIDENCE OF NURSING	COUNTY			A 134 INICIDE CITY HAVIYON	13e STREET ADDRESS	/ 710 CODE	24	701		
		Pr. Georg	es Clinton	N	YES NO 🔀	6416 Broo		Drive	155		
	ATHER'S NAME				15 MOTHER'S MAIDEN NAM		nic our	A			
	Tamos	Buell	Harri	C	Frances	MIDDLE		Davis			
	James Was deceased ever in U				17 INFORMANT	ADDRE	SS	Davis			
11	YES NO OR UNKNOWN!   IF	FYES GIVE WAR OR DAT	£5)	27	Francos Darri	a Camo ac	12 - 0				
Ye		966-1968	<u>213-44-43</u>		Frances Davi	s Same as	13 a-e		TER, AL		
	18 CAUSE OF DEATH E PART I DEATH WAS	nter only one caus	e per line for o, b one		11 HO A. 1	0. 10.	1 . h A	BETWEEN ONSET	ND DEATH		
	IMA	MEDIATE CAUSE	, margner, 1	hillha	& with cerebra	LANCE DIGIN	Metholic.	191	-		
	DUE TO OR AS A CONSEQUENCE OF										
	Conditions, if any, who		b)								
	couse a, stating	the DUET	O, OR AS A CONSEQUE	NCE OF							
	underlying couse le	ost (	1								
	PART 2 OTHER SIGNIFIC	CANT CONDITION	S CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1 o			
O N											
CERTIFICATION	190 DATE OF OPERATION	19b C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2		PERE FINDINGS U			
Ē						YES NOW	YES [	] NO			
SE SE	210. ACCIDENT WAS UNDERLY		ME OF INJURY		210 HOW INJURY OCCURR	ED CENTER NATURE OF INJU	RY IN TEM 18 PART	OR PART 21			
AL	OR CONTRIBUTING CAUS	OF DEATH	P.M. MONTH DA	YEAR							
MEDICAL	21d INJURY OCCURRED	21e PL	ACE OF INJURY	-11	211 LOCATION						
ME	WHILE NOT WHILE	I AT HO	ME STREET FACTORY OFFICE F	ARM EITH	STREE	CITY OR TO	WN	OUNTY	STATE		
	22a.l certify that (l) (this	, harnital) attend	nd the decorred from	0	10 86	5	20 10	87	(wo) last		
	· ·		Aura 1 1	7 0	nd that in (my) our opinion o	death accurred on the de	ate and hour or	nd from the couses	stated		
	sow the deceased a above, I we did a 22b SIGNATURE	(did not view the l	oody after death	8	DEGREE			22¢ DATE SIGNE			
	220 SIGNATORE		^		ATTENDING	MEDICAL STAI	F				
	201 21115151411514115	-	001	-		DIRECTOR PHYSIC	IAN 🗌	June 19	, 1987		
	22d. PHYSICIAN'S NAME	10	3-47400	10	22e ADDRESS	DI alimban	M7	207:	25		
	Kai-Yiu Yeu	ing	7 0-1	10002	8926 Woodyard	Clinton,	Maryla	and 207.	22		
23a 1	BURIAL, CREMATION, REM	AOVAL 236 DAT	E 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(SPECIEV)							OUNTY	STATE		
	(SPECIEV) Burial	June	22.1987 Md.	Vete		CITY OR FOWN		.G.	Md.		
24 F	Burial	June	22,1987 Md.	Vete	eran Cemetery		nam P	.G.			



057069

FOR

REGISTRAR

FIRST

George

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	1
CONTINUE AND OF DEATH	K

DEP CERTIFICATE OF DEATH

7805 Locust Lane

MIDDLE

DECEASED NAME FIRST	WIDDIE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE OR PRINT)		Hayas		June 1	4. 1987 148
SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
Male	white	MONTH DAY	98	88 YRS	MONTHS DATS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
Czechoslovakia	U.S.A.	MARRIED NEVER M	ORCED	Prince Gea	eges "
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		TUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS O
Vinton	Pincusew Ma	hal		Coal Miner .	Steel Corp.
SUAL RESIDENCE (# NURSING HOME OF 136 COU aryland Princ	ROTHER INSTITUTION GIVE RESIDENCE BEFORE  OF George 136 CITY OR TOWN Temple H	ADMISSION)  N 13d INSIDE CIT  Hills YES [3]	Y LIMITS?	3063 Brinkley	Ed. #T-1 <sup>20748</sup>
EATHER'S NIAME		M MOTHER'S	AL AIDENIALA	A.E.	

Mary

17 INFORMANT

(YES NO OR UNKNOWN) 193-01-3129 Margaret Imrich Washington, Md. 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause

LAST

166 SOCIAL SECURITY NO

Havas

DEATH BUT NOT RELATED TO THE TERMINALOISE ASE OR CONDITION GIVEN IN PART 111 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH? NOT YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE AL WORK

27s.1 certify that (1) (this 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

23a BURIAL, CREMATION, REMOVAL Burial 6/17/87 Resurrection Cemetery Clinton Maryland P.G.

6160 Oxon Hill R DATE REC'D. BY 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE

George P. Kalas Funeral Home

Oxon Hill. Md

Tupa

BP

shauld be detached with the State Dept.

MPORTANT.

MEDICAL

## STATE OF MARYLAND

8	1	8	U	3	
0	REG. NO.		0	-50	

	1-	STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. NO	0.	3 0	5 /	
		CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	fine		lizabe	eth	F.	HENA	GHAN	June 21,	1987		6:53p.	• M
	3. SE>	(	-	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H	R.
		Female		Whit	e	Feb	ruary 7,1894	93	YRS MOR	NIHS DAYS	HOURS MI	N,
1		RTHPLACE (STATE OR I	FORE IGN	76 CITIZEN OF	WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH		
1		W York		USA		WIDOWE		Prince-Ge	eorges			MD.
1		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	126 KIND O		
/		yattsville		Sa	cred Hear	rt Hor	me, Inc.	Homemake	WORKING (IFE)	126 KIND O	Home	
2	13a. S	AL RESIDENCE (# NURS	Mont	gomery	Rockville		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7803 Breez		Tonno	20 200	955
		THER'S NAME		gj			15 MOTHER'S MAIDEN NA		y Down	Terra	CE 200	500
1		Adam		WIDDLE	Schmitt		Maria	WIDDLE	Fried	rick		
"		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		4.0		
100	,	NO	(IF TES, GIV	E WAR OR DATES	213-42-9	145	Mary E. Trui	ndle (daughte	r) same	e as 13	3e	
		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly ane cause per D BY	line for ial, bi and	101	wenter A	and and		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEAT	н
i.			IMMEDIA1	E CAUSE (a)	CELE	0100	Cocaco M	G.C. Clark				_
)				DUE TO, O	r as a conseque	NCE OF						
n		Conditions, if any, gave rise to imm	, which nediate	(b)								_
		couse (a), statin underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIGN	VIEIC ANT C	CONDITIONS	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CONF	DITION GIVEN	IN PART 1		=
	Z	0 0	2110	0 -	in Jyn		me		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7	MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	206 IF YES, W	VERE FINDIN	IGS USED	_
_	TIF	NIN			N	14		YES NO	YES [	CAUSES	NO [	
,	GE	210. ACCIDENT WAS UND	-		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	CAL	OR CONTRIBUTING (		1114		19	NIP					
	EDI	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	PALETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE	
	2	AT WORK AT WO	RK RK									
		22a.1 certify that (1)	1	in attended th	g deceased fram	-, 41	19 2		. 19.	+/	that (I (we)	ast
		so the recent	hd paid no	the body	after death.	, ar	nd that in (my) (aur) apinian	death accurred an the do	ite and haur ar	nd fram the	auses stated	
		22b SIGNATURE	111	10	/		DEGREE ATTENDING	MEDICAL STAF		22c. DATE	SIGNED	
		400	gre 1	10		-/n	PHYSICIAN [	DIRECTOR PHYSIC	IAN 🗌	9/2	110	
/		DO H.	AME LITTE	1	,ltu		10300 (-18	enbett Ro	1. sec	0010	h A	
	23a B	URIAL, CREMATION,	,	123h DATE		AME OF C	7.0-				/	_
	(	Grematic	n	6/22	/87 N	It. Co	emetery or crematory omfort Cremat	ory Alexand	dria, V	irginia	A STATE	
	24 51	INTERNAL DIRECTOR					26- 0.48	E DECID BY DECICED AD	OCL DECICEDA	2100117	IDE	_

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to bi

IMPORTANT: If Item 21 is

JNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

JUN 26 1987 Julia Deviden Randare

		ALCOHOLD SELECTION	and Manadala, Viv	
	( critical)		jis kralitagais, tamis i	
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	SOUTH TOPPALLS			eries eries
entre Trible Supple	SCHOOL STATE		Transmer Transmer Transmer Transmer	eria eria

STATE OF MARYLAND

59185 JLI		FOR *STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	ATH 8 REG. NO.	
2 25 5		GEASED NAME FIRST BETTAL	rd I.	Henry	June 25, 1987 7:00	P
ge & may	3. SE	Male	4 RACE Black	April 29,19	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR FUNDER ZATHES MONTHS DAYS HOURS MIN.	_
0 135	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Md.	U.S.A.	MARRIED   NEVER MARI	RCED E Prince George's M	AD.
The state of the s	L	anham	Magnolia Ga		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	R
AND 212 collection could be result be	130 5		ROTHER INSTITUTION, GIVE RESIDENCE NTY 134 CITY OR MITCHE	Ilville YES NO	□ 3002 Church Rd. 01/6	
MARYL		THER'S NAME FIRST	F. Henry	15 MOTHER'S MA	ret E. Shorter	
month of the Common Program Pr	160 V	VAS DECEASED EVER IN U.S. AF (IF YES, GIV NO	/E WAR OR DATES)	security No. 17 INFORMANT 88-3025 Sarah 1	7630° Wormandy Rd. L. Ford-Palmer Park, Md.	
T., BALT		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 101, (b ED BY: TE CAUSE 10)		approximate interval abetween onset and death	_
hot the death reby the last the last the death report to the last		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	Stage "	Enal Disease Years	
DIVISION OF VITAL RECORDS, 30  NG PHYSICIAN: The low requires the ottending physicion.  There this certificate has been signed as the buriol-transit permit. Then ple the and Mental Hygiene prior to burion ched or frem 18 shows any injury, or	CATION	PART 2. OTHER SIGNIFICANT	val Va	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONTINUOUS GIVEN IN PART 1(0)  ED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
N OF VITAL R SICIAN: The lang physicion. eerificionsis pe ruiol-tronsis pe entol Hygiene frem 18 shows	L CERTIFICATION	2) a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	YES NOT YES NO	_
MVISION ( UG PHYSIC ottending ter this cel is the burie h and Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	2) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 21f LOCATION STREET	CITY OR TOWN COUNTY STATE	
TENDII or Use or Use of Heal	3	220. I certify that (I) (this hasp sow the deceased alive of above, (I) (we) (did	11 Ine	.19 , and that in (my) (our	19 3 , to 19 3 , that (I) (we) los or opinion death occurred on the date and hour and from the causes stated	st
0 0 0 0		22b. SIGNATURE	mo	PHYS	ENDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN [ 6/26/87	
TO HOSPITAL ( TO FUNERAL I should be deto with the Store I		22d. PHYSTCIAN'S NAME PYPE OF	3 BONE		OTAH. DO-	
BP	7	SURIAL, CREMATION, REMOVAL	36. DAJE 7/1/87	231. NAME OF CEMETERY OR CREM HARMONY MEH	CITY OR TOWN STATE	
DHMH - 16 60M 7/73 (VR A 15 (4))	24. FL	NAME S. WASHINGTO.	V & SOHS 4925	BURROLLERS AVEN	1250. DATE OF BBY REC 1987/250 JEEST RATE A KONTON	

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			THE STATE OF THE RESERVE
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	Jack Am	11 St. leas	
	Street 1. 1	See Laboratoria	June 195, 1987 7:00

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		1		OR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISAIE	-
	3 Jul	3		STATE PEGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. TO. 8	39
	W W	1		CAPINT)	FREDDICK HORD WANN OF ESTI- DEATH MATED (6 24	YEAR 26 HOUR
	PLEASE ECTOR. R FILES. HOURS STREET,	3	. SEX	4 RACE	S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 24 DATE MONTH DAY	YEAR 26 HOL
	S.S.E.E.		V	n Can	7 20 96 8048 DEAD 6 24	1987 11-AM
	AND	1	FO	THPLACE MATE OR WASH. DC	USA    BALTIMORE CITY OR COUNTY OF D   BALTIMORE CITY OR COUNTY OF D   WIDOWED   DIVORCED   Prince George Co	
1	A SERVICE OF THE SERV	0	0 CI	Y OR TOWN OF DEATH	U NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  170 USUAL OCCUPATION (TYPE OF WORK 17b KIN OR OF MORKING LIFE)	DOF BUSINESS INDUSTRY
100	20	The second second	JSUA 30 S		OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  TY  13c CITY OR TOVADO 1 ph i 13d INSIDE. (ITY LIMITS?  YES A NO STREET ADDRESS TO PICK  YES A NO STREET ADDRE	2078:
E. MD.	A STATE OF THE PARTY OF THE PAR			THER'S NAME dinand	Herrmann Marie Wein	AST
MON	PAG ORA ON O	7		AS DECEASED EVER IN U.S. ARN S, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Beltsvi	lle Md
BALT	S AFT GIVE ITH F PAGE VISIO	/		es WWII	578-14-9549   James G. Ronchi 3902 Forreston	Rd 2070
N ST.,	HOUR NG WIT ENE D			PART I DEATH WAS CAUSED	) KY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ESTO	A PARTY NOW			Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	UDan
01 W. PR	PENCIL CAMINE NI - TRAN MENTAL			gave rise to immediate cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	June
05, 20	AND			PART 2 OTHER SIGNIFICANT CONDITIONS C	(C) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II.	
COR	MAN		NO	No MP		
ITAL RE	MOUD WEEK WAS THE A	3	THICATION	190 DATE OF OPERATION		UTOPSY?
NOFV	THE WOOD BE	3	0	210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D	716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	WEITE !
DIVISIO	WRITING WRITING WRDED T GE 3 SH (TE DEPA 201 PIBIÉ		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21l LOCATION STREET, FACTORY, FARM, ETC.)  CITY OR TOWN COUNTY	STATE
	FORW PARENT PARE				e of the remains described above, held an Autopsy Inspection Inquiry and in my apinion	
	AMIR STIFIC BECT MITH PYLA			death resulted fram: Natura	ral causes . Accident ., Suicide . Hamicide . Undetermined manner	
	CAL EX THE CHAIN MATH WANTED	0		ACTUAL SIGNATURE	Carle se har specify)  Date 6-  Signed	-24-87
	MEDIA SGE 4 S SGE 4 S FUNITE TER DE	1	1	EXAMINER'S NAME PA	VI A DEVERE MDADDRESS 4203 QUEENSbuty RIM	20781
7/84	BP SEE		10	RIAL, CREMATION, REMOVAL 23 PECHTY Urial	38 DATE 234 NAME OF CEMETERY OR CREMATORY 138 LOCATION COUNTY 6/26/87 Cedar Hill Cometery Suitland Prince George	STATE DM =
5AA	DHMH - 17 (VR A15 ME (5)		lon	NAME DIRECTBORGWARD		JRE

The second of the second of the second of the second MD White Compression X 10 3 20 2 12 10 10 10 10 OF STATE LOSS HOUSENESS

-	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	1 8	Ü	40
B		EASED NAME	FIRST		AIDDLE	i	AST	26 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
H	(TYPE C	OR PRINT)	Raymo	nd	L.	Hi	cks	Ju	ne 12	, 1987	11:55p <sub>M</sub>
	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER LYEAR	IF UNDER 24 MRS.
		Male		Cauca	sian		ist 28, 1910	76	YRS.	DA'S	MOURS MIN.
1		THPLACE (STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE		9 BALTIMORE CITY O	R COUNTY C	FDEATH	
1		Illinois		United	States	WIDOWE		Prince Geo	0	County	, MD.
1/	10 CIT	Y OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON F WORKING LIFE)	126. KIND O	F BUSINESS OR
E		Laurel					ille Hospital	Director of	Budge	tmanui	acturing
ř	130 ST	L RESIDENCE (# NUI	13tpGOTH		136. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
3-		ryland	Geo	orge's	Glenn D	ale	YES NO	12116 Aug	usta Di	rive	20769
R	4 FAT	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	ī
1		Har1		L.	Hicks		Eďna			Wheel	es
1		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE			
		No			333-01-7	249	Carolyn H. A	nderson s	ame as	#13	
		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	line for (a), (b), and	DIAC	ARREST			APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
		Canditions, if on		DUE TO, OF	R AS A CONSEQUE	NCE OF		ARDICIEN	IC SH	SCK	
		gave rise to in cause (a), stat underlying caus	ing the	DUE TO, OF	RAS A CONSEQUE	NCE OF	10 CARDIAL	INFACETT	ed .		
		PART 2 OTHER SIG	PIFICANT				NOT RELATED TO THE TERM			IN PART 1 c	5
2	TIFICATION	90 DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	

| 216. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2) | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART | OR PART 2)

sow the deceased alive on 6/12 19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) we) (did) (did not view the body after death.

276. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF 12. 8

GREGORY A. COMPON MD 3317 Cherry in Laurel MD 2070

230 BURIAL, CREMATION, REMOVAL 23b. DATE June (SPECIFY) Cremation 16 , 1987 Metropolitan Crematory Alexandria County Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

as the burial-transit permit. T Ith and Mental Hygiene prior

ATTENDING

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or Item

MPORTANT: If Ite

MEDICAL

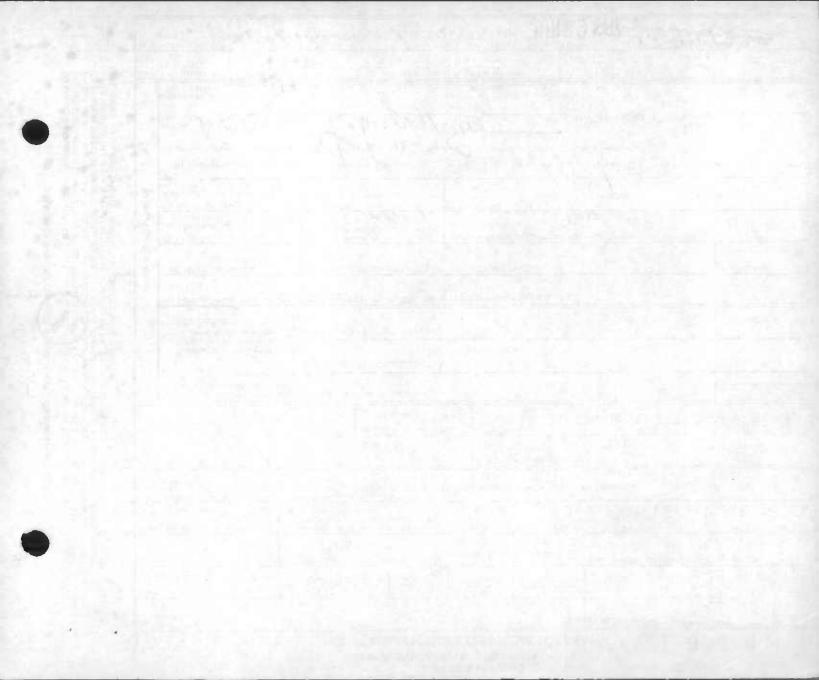
Bethesda-Chevy Chase, Inc. ADDRESS 7557 Wisconsin Ave. Bethesda, Maryland 20814

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

Art ( Chaple (4)) TRUBBLE WHOLDSHIP AND ALTHOU

STATE OF MARYLAND



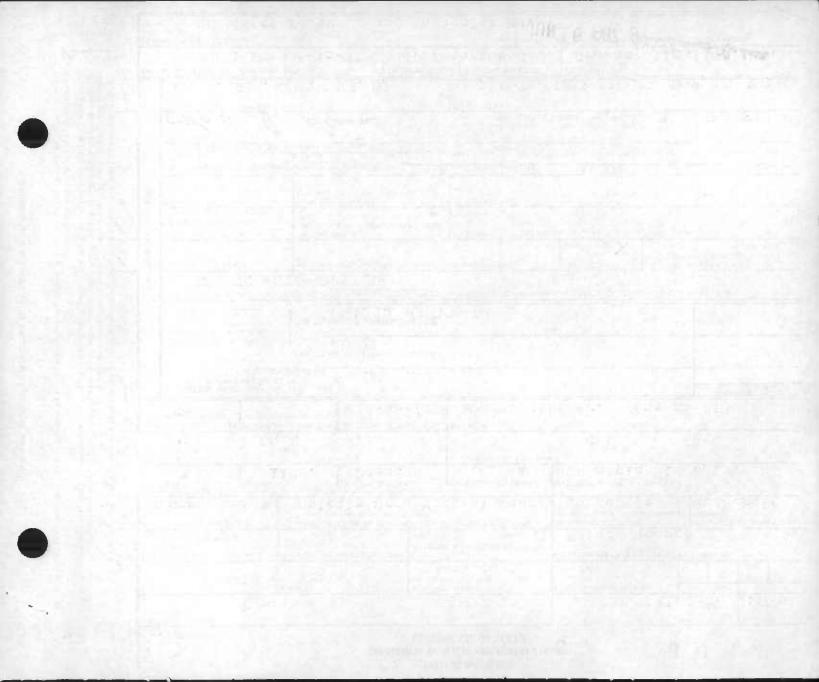
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,		FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	3	J 4	Lu
T.		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	( I Y PE	SAN	G F	I	I	HILL	лп	NE 11.	1987	7:47 DM
	3 SE)		4 RACE		5 DATE C		& AGE IN YEARS LAST BE		IF LINDER YEAR	IF UNDER 24 HRS.
11		Female	Whit	е	MONTE 7	-13-1930	56	VDC	WONINS DATS	HOURS MIN.
/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS.	Y OF DEATH	
1	0	Korea	USA		MARRIE	DIVORCED DIVORCED	Prince	Georg	T A	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	125 KIND C	OF BUSINESS OR
X	An	drews AFBas		olm Gro		dical Center	Housewi			ehold
-	JSUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				11,	onord -
2	0	Md.	AACo.	Odent		13d INSIDE CITY LIMITS? YES NO 🖔	499 Map1			113
7.	14) FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAS	it
-(	1		hil	Yol		Oi	Chi		Hwa	
2		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDR	ESS		
10		res, NO OR UNKNOWN) (IF YES.		220-66	-7288	Robert Hil	ll Jr. S	Ame a	as #13	
MARIN		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	CED BY	CARDIAC AL					BETWEEN	MATE INTERVAL ONSET AND DEATH
	ij	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER STGNIFICAN	DUE TO, O	RAS A CONSEQUE JPPER GI I	BLEED					
	Z		CTIVE HE		ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART II	0
7	CERTIFICATION	190 DATE OF OPERATION			TION FOR WHICH OPERATION WAS PERFORMED			IN CERTI	S, WERE FINDIN	NGS USED OF DEATH?
_	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURR	YES NON			NO []
1	AL C	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA			(citizatione of the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	21e PLACE	M. OF IN IURY	19	21f LOCATION				
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (Kithis ha			9 JIN	, , , , , , , , , , , , , , , , , , , ,	to 11 JINE			that 💢 (we) last
		saw the deceased alive above, X(we) (did) (dX	on 11 JUNE	after death.	, 01	nd that in (m) (our) opinion o	death occurred on the d	ate and has	or and from the	couses stated
		226 SIGNATURE	1 2	*		DEGREE	ALEDICA: CTA	r.c	22c DATE	SIGNED
		Jor d	- Ble	en		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		11 JU	NE 87
		22d PHYSICIAN'S NAME (TY	E OR PRINT)			22e ADDRESS				
		LORI J. HEIM,	CAPT, U	SAF, MC		MALCOLM GROW	USAF MED C	EN A	AFB. MD	20331
		URIAL, CREMATION, REMOV	AL 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	6-15	-87 M	$d \cdot V \in$	eterans Cem.		/ille	AAGO	de Mala
	24 FU	INERAL DIRECTOR		ADDRESS		25a DATI	1 6 1987 RA	25 LAF CO	KAR'S SIGNAT	URE
	101	Hardest	y Funer	al Home	Anna	apolis MdJUN	1 10 1301 0			

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 s to 1 univ



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" W. W. Changlougher Co. Blog. Baranana .....

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1	T	1 -	FOR STATE REGISTRAR			DEPART		CATE OF D	MENTAL HYG DEATH	REG. NO.	8	) 4 4
155	9260		CEASED NAME	FIRST		MIDDLE	L	AST.		20 DATE OF DEATH MO	NTH DAY	YEAR 26 HOUR
		1 LYPE	OK PRINT)	WILLI	=	F.	НО	LMES		06	5 02	87 10;25A <sub>M</sub>
	ge 4 may	3 SE	FEMALE	4	RACE BLACK		S. DATE O	F BIRTH	24	6. AGE (IN YEARS LAST BIRTHDA	MONING YRS	ER YEAR IF UNDER 24 HR' DATS HOURS MIN.
	nerol dire	4	RIHPLACE (STATE OR F OUNTRY) North Car			WHAT COUNTRY	MARRIEI WIDOWE	NEVER A	MARRIED	9 BALTIMORE CITY OR C PRINCE GEORG		MD.
10	s ofter d	10 C	TY OR TOWN OF DEA	тн 11 Р		HOSPITAL, NURSI GEORGE S			NTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Travel Cle	ORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
AND 212	filled in ould be f	130 S	L RESIDENCE (IF NURS TATE aryland	136 COUNTY P.G.		GIVE RESIDENCE BEFOR	/N	13d INSIDE C	NO [	13e STREET ADDRESS / ZI 5705 Roll	P CODE lins L	ane 0743
YL,	事等人多义	14 FA	THER'S NAME	MID	0.15	LAST			SMAIDENNAM	AE MIDDLE		1.457
MAR	aldm Place	C	harlie		ton,	Sr.		Ar	nnie	Mae		Mills
m,	d co	16a V	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	JRITY NO.	17 INFORMA	INT	ADDRESS	- 191	
MO	n and c Poges	n	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AK OK DATES	239 36	9774	Chery	vl Kin	g-daughter-	-5707	Rllins Lan
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	it the death certificate y the attending physicise remove carbonpaper cremation, or removol.		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gave rise to imm cause ioi. storin underlying cause	which (nediate g the	DUE TO, O	OR AS A CONSEQUENT AS A CONSEQ	ENCE OF	Car		Heights, Ma	est	APPROXIMATE INTERVAL  WEEN ONSET AND DEATH
RDS, 201	equires the n signed b Then pleos r to burial, injury, or o	NOI	PART 2 OTHER SIGN	NIFICANT COM	NDITIONS CO	ONTRIBUTING TO		NOT RELATED	TO THE TERM	nal disease or conditi	ON GIVEN IN	PART 1 o
AL RECO	the law range has been in permit in the prior any	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	YES NO NO	DB. IF YES, WERE N CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH? NO
OF VIT.	SICIAN: The nag physicic certificate undi-transition tental Hygin them 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	LAUSE OF DEATH	216 TIME C HOUR A.		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART ! OR	PART 2)
IVISION	attendir fter this ass the bu h and M	MEDICAL	21d INJURY OCCURE	INE [	21e PLACE	OF INJURY REET, FACTORY OFFICE,	FARM ETC )	211 LOCATION STREET		CITY OR TOWN	co	DUNTY STATE
۵	NDIP No A		220 I certify that (I)		attended th	ne deceased from.	41	3	19.87	10 6 9	19	that (II (we) last
	Spito CTO I for of h		saw the decease obove, (II (we) to	did) (did not) v	iew the body	ofter death	87. on	d That in (my)	(our) opinion o	leath occurred an the date of		
	OR A DIREC ached Dept		226. SIGNATURE	. 1	1	0		EGREE	ATTENDING	MEDICAL STAFF	22	R. DATE SIGNED
	TAL Y th Y th Geto deto deto		WITH	N. C	DU	u pr	1)		PHYSICIAN A	DIRECTOR   PHYSICIAN	10	4-4-87
	TO HOSPITAL etained by th TO FUNERAL should be deto with the State IMPORTANT: IF		GITA K	- SH	A M	MO		143		emel Bow	ie RD	Langer M
	D I S Y S	230 E	URIAL, CREMATION,	REMOVAL	23b DATE	0		METERY OR		23d LOCATION	COUN	ITY STATE
	BP		Buria/	1/	June	8/1987	Nati	onl Ce	emeter	y New Bern	Nort	h Carolina
	DHMH - 16 60M 7/B4 (VRA 15, 4)	_	INERAL DIRECTION IN AME LEWART FI	neral	Home	Ver -4001 H	Benni	ng Roa		TUN 8 10R7	REGISTRAR'S	MONEY Pandall
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

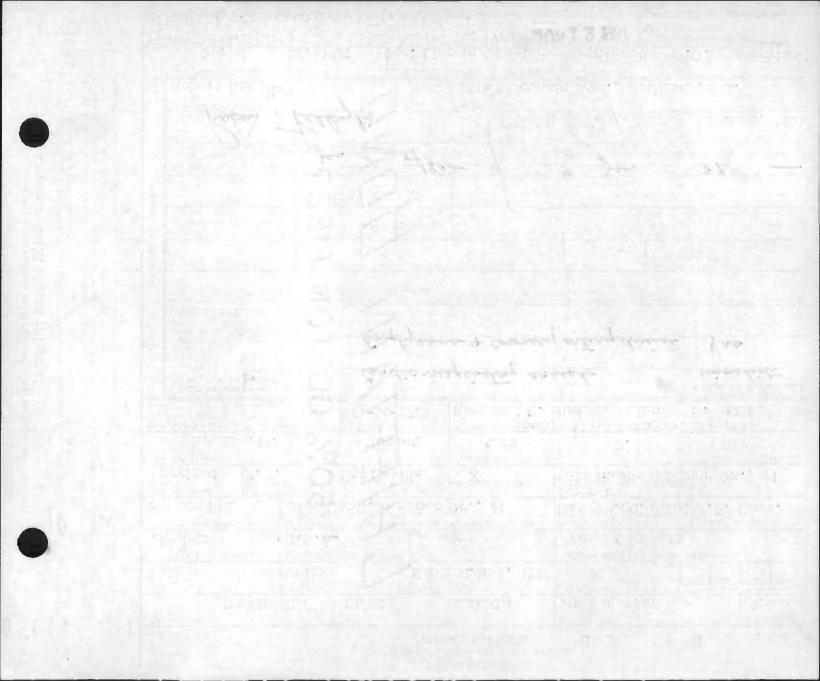
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E OF	DEATH	MONTH	DAY	YEAR	76. HOL	R

I DE	CEASED NAME	FIRST		MIDDLE			20 DATE OF DEATH	MONTH DAY		26 HOUR	
	E OR PRINT)	RAYMO	ND	CLYDE		HUDSON	June 8, 19	87		4:00	-
3 SE	X		4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) FU	INDER I YEAR	IF UNDER 24	
M	ale		White		Sept	ember 4, 1904	82	YRS	.ho DAIS	HOURS	MIN.
7a. B	IRTHPLACE (SI	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	irginia		U.S.A.		WIDOWE	DIVORCED [	Prince Geo				Μ
	yattsvil		(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY GIVE STREET Iamilton M	ADDRESS)	Dr., #1	Heavy Equ		NOUSTRY	Govt.	5 01
130	aryland	IF NURSING HOME OR 136 COUN P.G.		130 CITY OR TOWN Hyattsvil	ADMISSION)	13d INSIDE CITY LIMITS?	Operator 5620 Hamilt	on Man	or Dr	., #1	
14. F.	ATHER'S NAME Pierc	eson M.	MIDDLE	Hudso	on	Lara	ME MEDIE		Mile	20 s	78
	YES, NO OR UNKNOW	EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 577-38-8		17 INFORMANT (Son) Raymond E. I					
	18 CAUSE OF PART I. DEA	ATH WAS CAUSE	ly one couse pe D BY: E CAUSE (o)	Cardi		spiratory ars	ush		BETWEEN C	MATE INTERVA	ATH
	100		DUE TO, C	OR AS A CONSEQUE	NCE OF		T /		1/20		
NO	underlying	stating the couse lost.	(b) DUE TO, C	DR AS A CONSEQUE	NCE OF	a q Coronary			Yrs IN PART 110		
TIFICATION	gove rise to couse (o), underlying	o immediate stating the couse lost.	DUE TO, C	OR AS A CONSEQUE	NCE OF				IN PART 110	GS USED	?
AL CERTIFICATION	gove rise to couse (0), underlying  PART 2 OTHER  19a DATE OF C  21a. ACCIDENT WOR CONTRIBUTION	o immediate stating the couse lost.  R SIGNIFICANT ( PERATION  AS UNDERLYING  G  CAUSE OF DEA	DUE TO, C  (c)  ONDITIONS C  19b. COND  19b. COND  11b. TIME C HOUR A	OR AS A CONSEQUE	DEATH BUT  OPERATIO  AY YEAR	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	20b. IF YES, W IN CERTIFYIN YES	IN PART Tra	GS USED OF DEATH	?
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DHMH - 16 60M 7/84 (VRA 15, 4)

4739 Baltimore Ave., Hyattsville, Maryland

BP.



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p d / g )	7a. Bi	RTHPLACE THATE OF FORE	GN 7b €	CITIZEN OF	WHAT COUNTRY?	8 MARDIE	XX NEVER MA	APPIED T	BALTIMORE CITY	R COUNTY C	F DEATH	
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9-1-1-1		22a I certify that 11 the				6		1986	. 10 6 7	-5 19	1	hat ()(weilast
Et Pata		sow the deceased o	live on	aw the body	ofter denth	on.	d that in my	our opinion de	oth occurred on the de	ote and hour o	and from the c	ouses stated
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25 43 1 3/		SURIAL, CREMATION, REA	AOVAL 2	3b. DATE	23c N	AME OF C	EMETERY OR CR	REMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/84		andigre Gasch							REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATU	JRE
(VRA 15, 4)		39 Baltimore						JUL	01 198/	I was the	VARIOUS.	U.S. Sales
	17/	Jo Daitimore	UVE	· IIya	raville"	110 4	77.01				-	

STATE OF MARYLAND

10 - 17-25

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUN	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI	REG. N	-	0 4	4 /
		ORPRINTI GRERT	RUD.		ecelia	H	UTTON.	20 DATE OF DEATH	MONTH 0AY		11-550m
	3 SE			White		5 DATE C		6 AGE LIN YEARS LAST BIR		UNCER YEAR	F NLER 1 HRS
5	1000	RTHPLACE TATE OF F	OREIGN .	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Prince Ged	_		MD
Surger S		ry or town of DEA			HOSPITAL, NURSIN Memorial	G HOME C	OR OTHER INSTITUTION	Housewife	ON OF WORKING LIFE)	Own H	BUSINESS OR lome
35	12n C	AL RESIDENCE OF NURS	P.G.		Mt. Rain		13d INSIDE CITY LIMITS? YES NO	2803 Upsh	ur Stre	et 207	112
5	14 FA	William	A	SDDIE .	Baten	nan	15 MOTHER'S MAIDEN NAM	MIDOLE		Concan	non
medicol	No.	VAS DECEASED EVER		MED FORCES?	16h SOCIAL SECU 218-38-8		Barbara Sillex		) Walke		
		18 CAUSE OF DEATH PART I DEATH W	H Enter onlo		Veuln Ca	lar	tachycar	olia,		BETWEEN ON	ATE IN 2 1.793
mer tro		Conditions, if ony, gove rise to imm couse o, statin underlying cause	which nediote g the	DUE TO, OI	RAS A CONSEQUE	NCE OF	interpolish betructive	ren C			
njury, or o	NOI		HIFICANTIC	ONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERMIN		DITION GIVEN	IN PART IIa	
2	CERTIFICATI	198 DATE OF OPERAT	ION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, V IN CERTIFYIN YES [	VERE FINDING	SS USED OF DEATH?
		216 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DE AT	HOUR A.		Y YEAR	21¢ HOW INJURY OCCURRE	A LENTER NATURE OF INJUI	RY IN ITEM 18 PART	ORPART 2	
L Ked o	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE (	OF INJURY REET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET NE/F	CITY OR TO	WN	COUNTY	STATE
O		22a I certify that II sow the decease above, (1) (we) (d	d olive on_	6.10	1 - 19 8	7 an	d that in (my) our) opinion d	eath occurred on the do		87 the	ot (I (we) lost uses stoted
		226 SIGNATURE	Ru	Q.		(	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		JUNE SI	GNED - 20-87
No.		RAMAN	ME LIVRE C	PRINT)	u Mi	)	3601 Taylor Stre	eet, Brentv	wood, N	larylan	d 20722
		BURIAL CREMATION.  SPECIFY Burial	REMOVAL	23b. DATE 06/24/			Mashington Ce	23d LOCATION CITY OF TOWN	-	.G. N	STATE STATE
7/84	华 47	ancis Gasc 39 Baltimor	hrs Sore Av	ons Fun				RECD. BY REGISTRAR 23 1987	256 REGISTRA	PSEJGNANIA LOLDONA	RE PARE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept of Health and Mental Hygene prior to buriol, critical MAPORTANT. If them 21 is marked on them 18 showing my jury, or other

ATTENDING

etoined by the hospitol or

CHESTIC SERVICES OF STREET STREET Amproper peridencepent CHERTANA COMM

	9.	FOR STATE REGISTRAR				ARTM	CERTIF	ICATE OF	MENTAL HYG	8		6. NO.	8	0	6	8
1	1. DEC	CEASED NAME	FIRST		MIDDLE			LAST		20 DATE	OF DEAT			YEAR		HOUR
			EDWARD		C		JACKS					06	03	87		3:59A
	3 SEX			4 RACE			5. DATE (		YEAR	6 AGE	IN YEARS LAS	I BIRTHDAY)	NON	INDER I YE		URS MIN.
13	2	MALE		BLAC	CK		AUG			69		Y	RS.			
B	a. Bi	RTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTI	MORE CIT	Y OR COL	IO YTAL	DEATH		
/	Was	shington,	D.C.	United	States	s	WIDOW	-	NORCED	PRIN	CE GE	ORGE	15			M
113	10. CI	TY OR TOWN OF E	DEATH	11. NAME OF I	HOSPITAL, NI			OR OTHER INS	TITUTION	12e USU	AL OCCUP	PATION		126 KIND		ISINESS OR
4	CH	IEVERLY	1					ITAL CE	NTER		todia			Scho		
1	USUA 13a S	AL RESIDENCE (# N TATE	13h COUN	OTHER INSTITUTION	136 CITY OR Wash.	TOWN	1	13d INSIDE (	NO 🗌	13e STRE 533	et addre 0 Ame	SS / ZIP (		. 9	9	999
13	4 FA	THER'S NAME		MIDDLE	LAS	T		15 MOTHER	S MAIDEN NA	ME	MIDDS	E		-	AST	
11	E	DWARD			JACK	SON		ETHE						CL	FTC	N
1	16a. V	VAS DECEASED EV		MED FORCES?	166 SOCIAL	SECUR	ITY NO.	17 INFORM	ANT		AD	DRESS				
7	NO	ES, NO OR UNKNOWN)	(IF TES, GIV	WAR OR DATES	577 0	9 8	433	Patric	ia Anth	ony-	DAugh	ter-4	333	Will	St	reet
		18 CAUSE OF DE PART I. DEATH	I WAS CAUSE	y ane cause per D BY: E CAUSE (a)	line for to), (	bi, and	IRF	10x	Y	FA	12 6	RE		APPR BETWEE	n onse	INTERVAL T AND DEATH
	7	Conditions, if o gave rise to cause (a), sto underlying cai	immediate ating the use last.	(b)	R AS A CONS	T F	Y S C	PN NOT RELATED	TO THE TERM	VN	A SE OR C	(AN)	1	IN PART	lia	
1	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR W	/HICH C	OPERATIO	N WAS PERFO	DRMED	200 A YES	UTOPSY?	INC		ERE FINI	ES OF I	
9	AL	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DEA	P.,	M. MONTH	H DAY	Y YEAR		JURY OCCURE	RED (ENTE	R NATURE OF	INJURY IN ITE	M 18 PART	OR PART 2		
	MEDIC	21d. INJURY OCCI	WHILE WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, O	FFICE, FAI	RM, ETC.)	211 LOCATH	ON		CITY O	RIOWN		COUNTY		STATE
		abave, (1) (we	eased alive an		21	19_ <b>&amp;</b>	, ,		(aur) opinian	, ta deoth acci	urred on th	e date and	19. I haur ar		ne cous	
		276 SIGNATURE	HHE	AKAR,	That	11	· W	Y	ATTENDING PHYSICIAN	MEDIC	AL S	TAFF SICIAN [	]	6/	3/	T7
1		K. SU	NAME ITYPE OF	KAR				LAN	50076	N	EWART	HAN	n P.	14 Z	782	A212
		URIAL, CREMATIO	N, REMOVAL	236 DATE		23c N/	AME OF C	EMETERY OR	CREMATORY		CATION	у.		OUNTY		STATE
		rial		6/8/	87	LIN	COLN	MEMORI	AL CEM.		ITLAN		RYL	AND		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

ALEXANDER S. POPE-2617 Pa Ave SE Wash DC

230. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUN 9 1987 Addition To the second sec

	1	500			FMARYLAND	VOIENIE		
058594	15	STATE REGISTRAR TELEF	G F 1 Im GGZ 9 7-1-87	DICAL EXAMINER'S		FDEATH/ REG.	1 3 0 4 9	9
000011		CEASED NAME	FIPST 1	MIGDLE	LAST	28 DATE KNOWN		HOUR
PLEASE ECTOR. FILES. HOURS	2 05	X 14 RAC	Mary of	P1 1-9	ackson UNDER LYR TIE UNDER	OF ESTI- DEATH MATED	□ 6-2210 87	M
DIR OUR	F	emale bl	ACK JUNE 2	4 30 LAST RIPTHDAY) MC	UNDER I YR IF UNDER	PRONOUNCED DEAD	6-22 19872	130 AM
IS NECESSARY E FUNERAL DIII E 5 FOR YOU ED, WITHIN 72	7/ W.	ASH D.C.	U.S.A.	MA	RRIED NEVER MARRI	ED []	P.G.	MD
ELAY IS NOTHE FI	UP	PER MARLEO	RO 16 306	Marlbon	FIKE	FOR MOST OF WORKING LIFE HOUSEWIFE	TYPE OF WORK 126 KIND OF BUSIN OR INDUSTRY NONE	NESS
AND 3 AND 3		TATE	IRSING HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN UPPER MARLEO	RO YES X NO [	130 STREET ADDRESS 16506 MARLEO	RO PIKE 2077	12
PE. MD	00	JAMES	MIDDLE	bŘĚNT	IS MOTHER'S MAIDE LOUISE	MIDDLE	PAYTON	
ALTIMO AFTER I RVE PAC MG FOR I MG FOR I	160		IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	212-66-7606	JOHN JACK	SON 16506 MAR	LbORO PIKE	
RECORDS, 201 W, PRESTON ST. DECASON WITHIN 24 HOUR PROVING WITHIN 24 HOUR MEDICA BY MER ALONG AAA BUILD RAL AND MINAL HYGIERE.	RACEMONAL.	Canditions, if a gave rise to cause (a) stating lying cause last	IMMEDIATE CAUSE (a)	R AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DIS	E Thise S	T ( o .	BETWEEN ONSET AN	D DEATH
	O BURIAL CHI	190 DATE OF OPERA		TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?  YES   N	NO B
S CERTIFICATE SHOU RITING THE WORD " RES 3 SHOULD BE USE E DEPARTMENT OF H	MEDICAL CER	UNDERLYING CONTRIBUTING	OR HOUR A.A.	A. MONTH DAY YEAR A. 19		) FENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
= = > 7 0 0	21201 PR	WHILE NOT AT WORK		OF INJURY   AT HOME,   211 TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AEDICAL EXAMINER: COUTE THE CERTIFICAT GE 4 SHOULD BE FOR FUNERAL DIRECTOR: FER DEATH, WITH THE	QN,	220 I certify that death resulted from ACTUAL SCHATURE EXAMINER'S NAME (TYPE OR PRI	Augusto P. Ro	Accident . Suicide		Undetermined manner  MEDICAL EXAMINER	DATE SIGNED 6-22.	-87
	230.6	URIAL, CREMATION, R SPECIFY) BURIAL	REMOVAL 236 DATE 6-27	-8723 NAME OF CEMETERY	OR CREMATORY EMETERY	23d LOCATION CHYOR TOWN LANDOVER	P.G. MD.	
07/84 25M BP		UNERAL DIRECTOR	4339 HUNT	LACE, N.E.	25p. DATE R		CUSTON RASIGNATURE	

1423 MW J ..... 49 30 MALE REVOET HE A THE LOW TRUE SHALL NO THE BUT OF THE PARTY The Committee of the Co

	7	Etem 11 per	phen	STATE OF MARYLAND		
5928	1.	FOR 6/11/89  STATE 6/11/89	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	8 0 5 0
ecoth 2		CEASED NAME TELL	Victoria	Jackson	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30
and &	1.56	F	B	5 DATE OF BIRTH MONTH DAY YEAR 8 15 190 7	6 AGE (IN YEARS LAST BIRTHDAY) 7 9 YRS	MOLINE DAY MONES THE
		Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. G. Co.	MD.
1100	9-	Takoma Park	603 ENMA	tie- Home	120 USUAL OCCUPATION  HOUSE W. FE  HOUSE W. FE	126 KIND OF BUSINESS OR INDUSTRY
111111111111111111111111111111111111111	13a.5	A CONTRACTOR OF THE PARTY OF TH	130 CITY OR TOW Takona	Park YES 10 NO [	13. STREET ADDRESS / ZIP CODE	12/01/20912
11/0	1	GEORGE	A Jose		ADDRESS	Ward
1 10 1/2		WAS DECEASED EVER IN U.S. AL	166 SOCIAL SECU 220 - 16 -	11"	1, 603 Elm AVE.	
a physic an coper emissed.			THE CAUSE (E) Carelia	pul minay a	west	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death or untender overcoth front, or o		Conditions, if any, which	b) Ne Ta S	Tatic thyraid	Caucer	
that the state of		gove rise to immediate crise int. stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
equirer, the plant injury, o	NOI	S	other tha	DEATH BUT NOT RELATED TO THE JER	Cacheta	
The live	RTIFICAT	IN. DATE OF OPERATION	_ /	OPERATION WAS PERFORMED	YES NOT YE	ES OF DEATH?
a physical p	CAL CER	2) In ACCREST WAS UNDERLYING OF COMMUNICATION FOR COMMUNICATION OF THE CALLED A	HOUR AM MONTH - 07		RRED (ENTER NAT RE OF IN LURA WHEN 8	DR PART 2)
of Periods offered in the this to the last he and Manda	MEDICAL	THE PUBLIC OCCURRED.	SIN PLACE OF INJURY		CITA OBTOWN	STATE
offending and an article and an article and article article article and article article article and article ar		72e.1 certify that II (this hosp saw the deceased alive ar- above, (1 (we) (did ) (did no	tral) attended the secred from	9-50-80 19	ta (e-V-8)	19 that <b>(</b> (we) last and from the causes stated
At DRES At DRES detached one Deak		allaulto	wy	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED CO-4-87
O HOSPIT Chinest by TO FUNER Mould be with the Sh		charles LFra	nklingv	11120 Newt	tempshire and S.	herspringher
55 2213	23w. 1	BITTE DE CHEMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84		Buria UNERAL DIRECTO			- 1	wood Maryland RAR'S SIGNATURE Pandage in Deciden Randage
(VRA 15, 4)	St	ewart Fullera	1 Home-4001 Be	nning Road, N.E	· JUN 8 1987 4	to promote the

6631 JUN	lb	FOR STATE REGISTRAR			DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	TAL HYGIEN	8 /	NO E	8 0	5 1
		CEASED NAME	FIRST		MIDDLE	LA	T .	20	DATE OF DEATH		DAY YEAR	2b HOUR
be age the	TIVP	OR PRINT	FL	OKENEU	E.	J	AME	2		6.1.	1.87	5.30%
no)	3 SE			I. RACE		5. DATE OF	DAY	MEAR	AGE (IN YEARS LAS	T BIRTHDAY)	MONTHE DATA	IF UNDER 24 HRS.
ge 4		emale		White		Feb	15,18			89 s		
Poldi		RTHPLACE ISTATE OR		7.	WHAT COUNTRY	MARRIED	X NEVER MARE	RIED 🗆	BALI IMORE CIT			00
deod		orestvil.			ISA	WIDOWED	OTHER INSTITUT		USUAL OCCUP		DEON C	12-5 CO MD.
s offer	1	ChinTo			H FACILITY GIVE STREE		11 -	. [1	Clerk C	ST OF WORKING LE	INDUSTRY Conf	of Church erence
X BE	13a M	AL RESIDENCE IF NURS	PR G	orge eorge	Temple	Hill:	34 INSIDE CITY L		3100 Le			20748
d 2 s	14 F.	ATHER'S NAME FIRST		INNIE	LAST		5 MOTHER'S MA				TO 7 1A	iden
		James WAS DECEASED EVER	INTELL ADA	TO FORCES	Bryan		1 INFORMANT	a	V	DDESS		
ond	100	YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES	577-01			oga P	James	DRESS 341	.2 Cur	tis Driv
e be ers. P	<b> -</b>	No	Mar en en en		T		THEL	esa D	Danies	Sul	tland	CIMATE INTERVAL ONSET AND DEATH
physical physical population in population i		PART I. DEATH W	AS CAUSED	BY:	line for (o), (b), o		REMI	0				whs.
ding orbor or rer fic ev		18 - 10	IMMEDIAII	CAUSE (o)	D AC 4 CONSEQU							- 00/03:
ove co		Conditions, if ony	which	(b)_	R AS A CONSECU	Ch	RONIE	RENI	ac Insv	FFICILN	cx 2	2 4 2.
by the a		gave rise to immore couse (a), stating underlying couse	nediote ig the	)	r as a conseol							
pned n plec buriol		PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMINA	AL DISEASE OR C	ONDITION GIV	EN IN PART I	0
The The injuries	NO.			ARTO	RIOSCLE	NOTIC	HEART	DISERS.	E: CHRUI	VIC CONG	FESTIVE F	RILURE
ermit.	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFORME	D	206 AUTOPSY2	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
ronsit p Hygien 18 show	ERT	21g. ACCIDENT WAS UN	DERIVING [7]	216. TIME O	F IN HIRY		21c HOW INJURY	CCUPPED	YES NO		S D	но 🗌
単三百 E イ		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH	AY YEAR		. OCCOMILED	( States and one Or	10,041 110 112.00 10	- ART - OR - ART 2)	
Menio or Ite	DICAL	(IF EITHER NOTIFY MEDI		P. 21e PLACE		19	21f LOCATION					
the little ond ond ced o	MEDI	WHILE NOT WE AT WO	THE	(AT HOME STE	REET FACTORY, OFFICE	FARM, ETC )	STREET		CITY O	RTOWN	COUNTY	STATE
Affre ooth mark		22a.1 certify that (1)		ol) ottended th	e/deceosed from		4/24 1	9 87	, to	5/11	19.87	that (I (we) lost
TOR:		sow the deceos above, (1) (we )	ed olive on_	61	10 19	87 ono	that in (my) (our)	) opinion deo	th occurred on tK	e date and hou	ond from the	couses stated
DIRECT DERECT OF THE PROPERTY		22b. SIGNATURE		view the body	offer death	D	GREE		/		22c DATE	SIGNED
(1)		//	1. Son	Mel	young	W	ATTEN PHYS	NDING P	RECTOR PHY	SICIAN	6/	11/87
FUNERAL Uld be det of the Store	1	22d PHYSIC JAN'S N	AME (TYPE OR	BRINT!	10		22e ADDRESS		,			20744
oune ould the the		J.	Sany	2019	ning		117	101 /	1011065	70N	RP 1	1-1-Wash 17
should be det	23a	BURIAL, CREMATION,	REMOVAL	236 DATE	/ 23c		METERY OR CREM		23d LOCATION		COUNTY.	21A12
		Burial				Arlin	gton Na	tiona	1 Ceme	nds .	Arlin	
16 60M 7/84	24 F	UNERAL REBET			n C ADDRESS	land,	Ma	250 DATE RE	C'D. BY REGISTR	AR 256 REGIST	PAR'S SIGNA	TURE
(VRA 15, 4)		Funer	al HC	me	Sult	rana,	Ma.	1111	110 1981	0		

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

05	8	878
		10

IMPORTANT: If Item 21 is marked or Item 18 shows any injury. or other troumotic event, the medical examine TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENE	8	1	1	8	U	5	6
		REG. NO.					

						KEG. NO.		
	ECEASED NAME FIRST		MIDOLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		LES W. J.	ESS			Jun 27, 1987		5:18pm
3 SI	EX	4 RACE		5 DATE C			IF NDER TEAR	IF JNDER 24 HR
	Male	CAUC		DE		86y YRS	DATS	MIN.
70. E	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D XXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	MD	U.S.A		WIDOWE		Prince George's		MD
10 0	ITY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND C	OF BUSINESS OR
T	aure1				ille Hospital	bricklayer.		ruction
₩śl.	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	*			
130	STATE 136 CO		13c CITY OR TOW	N	YES TY NO	13e STREET ADDRESS / ZIP CODE	2079	Λ
14. F	ATHER'S NAME	oward	L Jessup		15 MOTHER'S MAIDEN NA	18117 Mission RD	2017	1
E.	FIRST	MIDOLÉ	Jess		Sally	MIDDLE	Dix	O IA
_	<i>dward</i> Was deceased ever in U.S.	APMED FORCES?	16b SOCIAL SECU	PITY NO	17 INFORMANT	ADDRESS		.071
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR OATES)			Maizie Jess	Same as above		
	no		213-05-8		Municipe Jess	Same as above	ADDRAY	IAAAYE INITEDUAL
	18 CAUSE OF DEATH (Enter		line for iol, (bl, one				BETWEEN	ONSET AND DEATH
		ATE CAUSE (0)		- AK	DIOUASCULA	R COLAPE		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	r as a conseque	NCEOF	SEPSI LEBED VARCUL	AR Insafficery		
NO		Conditions Co		EATH BUT	NOT RELATED TO THE TERM	D Poste wee D	and the	4
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FINDII YING CAUSES	
-	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER, NOTIFY MEDICAL EXAMI	DEATH	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART ?)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC )	211. LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	00 6-	27- 19	87.00		to 6-27- death occurred on the date and hour		that III (we) las couses stated
	276. SIGNATURE		Palele	m,		MEDICAL STAFF DIRECTOR   PHYSICIAN	0000	SIGNED -7-8-7
	GURSEWA	^	ARLA V	~ D .	8381 CH	ERRY LANE, LA	AREL,	md 2070
230	BURIAL CREMATION REMOV	AL 23b DATE	23r N	IAME OF C	EMETERY OR CREMATORY	173d LOCATION		

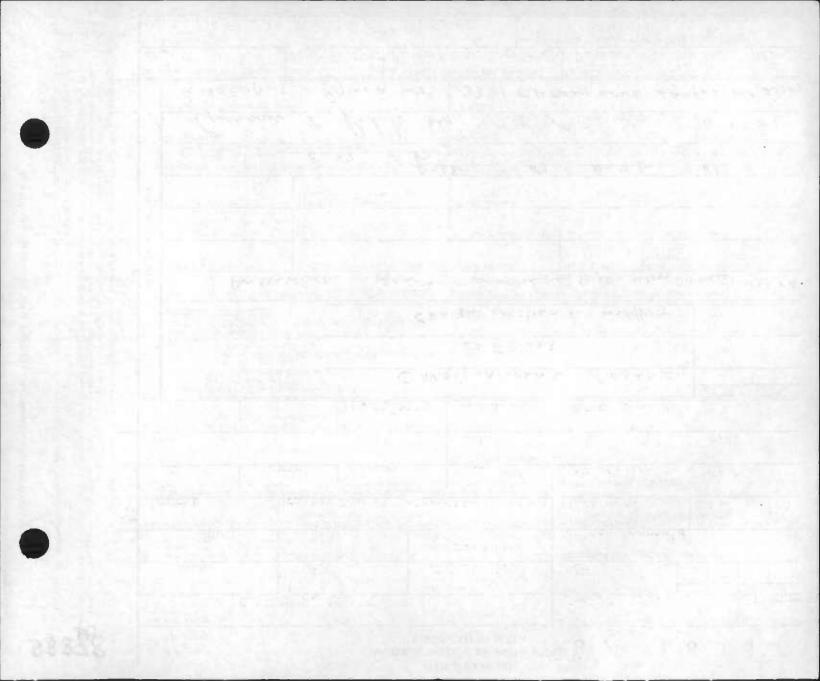
DHMH - 16 60M 7/84 (VRA 15, 4) Burial Je

June 30,1987 Meadowridge Mem. Park

23d LOCATION
CITY OF TOWN
DORSey Howard Md.

Donaldson Funeral Home Laurel, Md. 20707

DATE REC'D. BY REGISTRAR 256. REGISTRAR SSIGNATURE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEME

				CERTIF	ICATE OF DEATH	0 ,	REG. NO.			
1. DECEASED NAME	FIRST		MIDDLE	r	Asī	2a DATE	OF DEATH M	ION!H	DAY YEAR	26 HOUR
	Bes	sie J	P.	JOHN	ISON				1987	7:2.
3 SEX		4 RACE		5. DATE C		- 4	YEARS LAST BIRTH	DAY)	MONTHS TAKE	
Femal	.e	Black		Dec.		86		YRS		NOURS A
70 BIRTHPLACE	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY	Y OF DEATH	
Mo	l.	U.S.	A.	WIDOWE		P	rince (	Georg	ge's	
10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATIO			OF BUSINESS
Lanha		AMI D	octors Ho	spita	of P.G. Co		rk -	Insu	rance	Co.
USUAL RESIDENCE 130 STATE	136 COU	NIY	136. CITY OR TOWN		13d INSIDE CITY LIMITS?		ADDRESS /	ZIP CODE	e pa	20700
Md .	. F .	G.	Laman		YES NO 15 MOTHER'S MAIDEN NA	9301	GOOU	Luc	A nu.	20/00
Frank	clin	MIDDLE	Pierce		Adeline	OVIE	MIDDLE	Sta	rr	AST
160 WAS DECEASED	EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADERES	12 I	incol	n Ave
(YES NO OR UNKNO	WN) (IF YES G	IVE WAR OR DATES)	213-16-	-5590	Lawrence	Chitt			ham, M	d.
18 CAUSE OF	DEATH Enter o	nly one couse per	line for (a), b), and	d IC					APPRO BETWEEN	NONSET AND DEA
PART I. DE	ATH WAS CAUS		CARD	901	VLMONAR	A Y-	TREB	57	MI	NUTE
	RSIGNIFICANT	CONDITIONS CO			NOT RELATED TO THE TERA	AINAL DISEA	SE OR CONDI	ITION GIV	EN IN PART 1	0
IN DATE OF C	SENT	196 COND			TENSION N WAS PERFORMED	200 AU	_	<b>INCERTIF</b>		S OF DEATH?
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OR CONTRIBUTION (IF EITHER, NOT 21d INJURY O WHITE AT WORK  22a. I certify to sow the contribution (if the contribution of the	WAS UNDERLYING (  OF CAUSE OF DE  HEY MEDICAL EXAMINAT  CCURRED  NOT WHILE AT WORK  hat (1) (this hosp  (see ) (did) (this his first)	21b TIME O HOUR A. R) P. 21e PLACE (AT HOME, STR	ITION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  REET, FACTORY, OFFICE FA  e deceased from	OPERATION  AY YEAR  19  ARM ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET  d that in (my) (our) opinion	YES	NO NATURE OF INJURY	IN ITEM 18 F	PART ORPART 2)  COUNTY	S OF DEATH? NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNCEAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detailed for use as the build-transit permit. Then please remaye carbon papers. Pages with the State Days of Health and Mental Hygiene prior to build, cremation, ar removal.

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STATE OF MARYLAND

UNKNOWN #87-59



gd in by the funeral director, page 3 d be filed within 72 hours after death

injury, or other traumatic

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

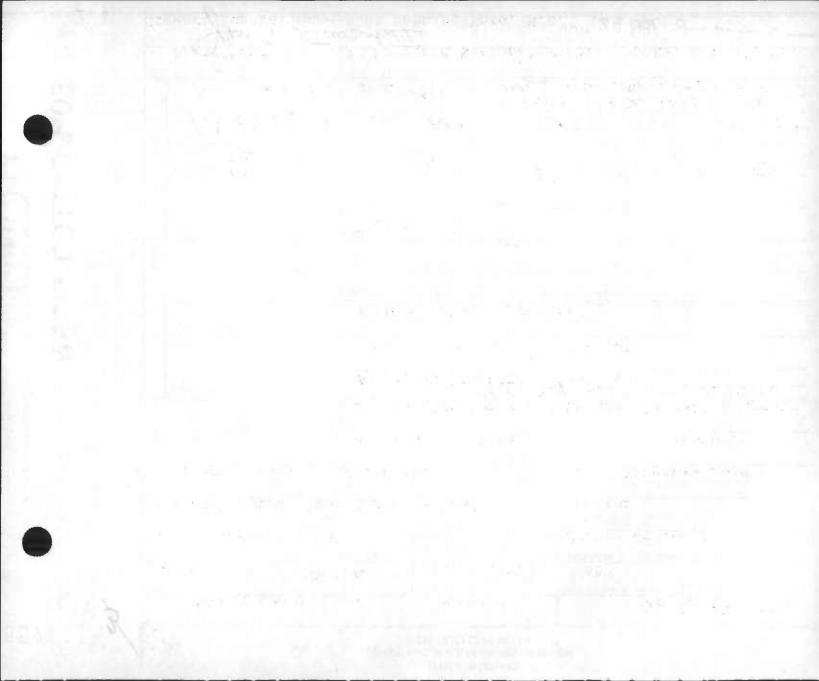
	FOR STATE REGISTRAR	DEPARTI		ICATE OF DEATH	REG. NO	0	J "	
1	I. DECEASED NAME FIRST	MIDDLE	L	AST			EAR 21	b HOUR
ı	(TYPE OR PRINT) CLEVE LA	VA A.	Jo	HNJON		06 16 8	7	92000
ł	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	YEAR II	F UNDER 24 HRS
1	Male	Buck	Jan	00 1000	65		DAYS	OURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY O	R COUNTY OF DEA	TH	
	North Carolina		MARRIE	DIVORCED T	Prince G	eorge!s		140
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPATION	ON 12b K		MD. BUSINESS OR
	Ft. Washington	1 2803 Kingsw		024	Waiter	F WORKING LIFE) INDL	STRY	
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E AGMISSION)				20-	7///
1	Many I and D		-		13e STREET ADDRESS		000	144
4	Maryland P.(	G. Ft. Was	511.	YES NO I	2803 Ki	ngsway F	load	
	FIRST	M/DDLE LAST		FIRST	WIDDLE	PP1 1	LAST	
4	Johnny	Johnso		Beulah	ADDRE	Thomp	son	
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT				
	no	242 14	212	B Loretta J				
-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for al, (b), on	nd ic	Road, Fo.	rt Washin	gton, Me	No.	A ALODEATH
		TE CAUSE (a) ACUTE	K.E.	SPIRATORY -	HYLESI	•		
		DUE TO, OR AS A CONSEQU	ENCE OF	h.				
1	Conditions, if any, which	( b) LUN	6 0	AVCER, ME	TASTATIC			
	gave rise to immediate cause a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF					
	underlying cause last	ESOPI-	1866	n cmc	El			
1		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	ART 110	
	NO N							
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C		
	Ē				YES NO	YES 🗌		NO []
7	210. ACCIDENT WAS UNDERLYING		AV VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR P	ART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR	19					
1	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn cou	NIA	STATE
1	WHILE NOT WHILE D	(AT HOME STREET FACTORY, OFFICE F	FARM ETC)	Sixee		. 00	-	
-		ital) attended the deceased from	6-	19 8 7		16 190	the	(I) we) last
	saw the deceased alive an	of view the bady after death	8 F. or	nd that (my) (aur) apinion o	death accurred on the do	ote and hour and fro	m the car	uses stated
	22b. SIGNATURE	A a see the body offer death		DEGREE		220	DATE SK	GNED
	Milas	I F You	M	O ATTENDING PHYSICIAN	MEDICAL STAF	F IAN I	5-17	7-87
Ť	224 PHYSICIAN'S NAME (TYPE	DR PRINT)		22e ADDRESS 550		LANDIN	1 P	h
	MILHAE	LF. YORK.	MD	VIPERO	MARLEO	RO MD	20	チアク
	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial June	-20.1987 Mary	hand	National M	emorial n	ark. Lau	-	. Md .
	24 FUNERAL NUMBER	1 Journal	/		E REC'D. BY REGISTRAR	25b. REGISTRAR'S S	GNATUR	E
	Stowart Funora	Jest Co Migazy	nnin	g Road, N.E	JUN 24 19	37 June 1	موساسه	Jr. Kandal
	Stewart/Funera.	L HOME-4001 Be	2111TT(1	y Moau, IN.E		1		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR

APORTANT If Ibers 21 is hould be detached



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	CEASED NAME	FIRST		WIDDLE		AST		20 DATE OF DE	EATH MONTH	DAY	YEAR	26 HOUR
		ELS		AE		JOHNSO	N		05	. 11	87	3 00PA
3 SE	X		4 RACE		5 DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
	FEMALE		WHITE		06	09	1929	58	YRS			
	RTHPLACE STATE OR F	OREIGN :	Th CITIZEN OF	WHAT COUNTRY?	8 AAA D DIE	NEVEL	MARRIED D	9 BALTIMORE	CITY OR COUN	TY OF D	EATH	
	WASH. D.C		U.S	.A.	WIDOWE	7.5	ONORCED	PR INCE	GEORGE	15		M
10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSING		OR OTHER IN	STITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		KIND O	F BUSINESS OR
Ch	HEVERLY		PR INCE	E GEORGE'S		PITAL	CENTER	HOUSEV		70,000	AT	HOME
	AL RESIDENCE (IF NURSI	NG HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13. STREET ADI	DRESS / ZIP CC	DE		
	Md.	P.G.		LANDOVER		YES K	NO 🗌	3408	63rd A	VE.	2	0784
14 FA	ATHER'S NAME		AIDOLE	LAST		15 MOTHE	R'S MAIDEN NA	ME				
	WILLIAM			BAKERSMIT	H	M	ARY	E.	AIDDLE	JA	MES	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM	AANT		ADDRESS 77	55 G	ARRT	SON RD.
()	NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	578-40-8	3637	LINDA	D. SEA	ATON	WEST			HIIJS.M
	18 CAUSE OF DEATH	H Enter only	v one cause per	line lar to the and	l ic							MATE INTERVAL
	PART I. DEATH W.	AS CAUSED	BY	ERERA	20 11	ACCU	LAR	ACCID	ENT			
		INVINEDIATE		DAS A CONSTOLIE								
	Canditions, if any,	which	(b)_	IR AS A CONSEQUE	FP-	TICE	EMIA					
	gave rise to imm	rediote	)					_				
	underlying couse	lost.	(c)	ACONSEQUE	R	ENA	d F	FALIUA	2F			
	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING TO D						SIVEN IN	PART I c	
ON	HYP	ERT	ENCIE	NO DIA	RET	ERA T	MELLIT	0) (0	RONAL	YAR	TOR	Y DISER
CATI	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO			20a AUTOPS				GS USED
CERTIFICATION								YES N		YES T	LAUSES	OF DEATH?
CER	210. ACCIDENT WAS UND	ERLYING	216. TIME C		V VE 18	21c. HOW	INJURY OCCUR	RED (ENTER NATURE	E OF INJURY IN ITEM T	8 PART I OR	PART 2)	
AL	OR CONTRIBUTING C		In .	M. MONTH DA M.	1 TEAR							
MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCAT		1 22.0			UNTY	
W	WHILE NOT WHI	ILE	(AT HOME STI	REET FACTORY OFFICE, FA	RM, ETC )	STRE	ET		ITY OR TOWN		UNIT	STATE
	220.1 certify that (1)		ol) ottended th	e deceased from	5	26		2	6.11	. 19	7.	hot (I) (we) last
	saw the decease above, (1) (we) (d			alter death	7.00	d that in (m	y) (our) opinion	death accurred a	n the date and h	our and f	rom the d	couses stated
	22b. SIGNATURE	14	2 / 1	diret dediti.		DEGREE				22	c DATE	SIGNED
		Y	87		(1	0	PHYSICIAN (	MEDICAL DIRECTOR	STAFF PHYSICIAN		61	287
	220 PHYSICIAN'S MA	ME (TYPE OR	PRINT)			22e ADDRI	SS CO	2 ANIN	APOLI	SA	0 4	<b>F9</b>
	V. (-	7	11164			6	RI AND	EN ROLL	c M	2 2	371	_ /

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detoched for use os with the State Dept of Health. MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

FOR

REGISTRAR

1 - STATE

231 NAME OF CEMETERY OR CREMATORY

238 LOCATION CITY OR TOWN BRENTWOOD

COUNTY

STATE Md.

W. W. CHAMBERS CO.

RIVERDALE, Md. 2073

REGISTRAR 256 REGISTRAR'S SIGNATURE

TO BE A SECOND OF THE STATE OF THE SECOND OF A L LUNCH HILLEY LEGISLEY CONTINUED BELLEVING TOUGHOUT ASSETS OF THE ALLER RESERVE FALINSF CETTIC FORTH THE ENGLANCE THE HOUSE Panero-sold liber of myself R. Theresia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME 7b HOUR Havden Jones. IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH YFAR Male Caucasian Jan. YRS BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges West Virginia DIVORCED WIDOWED 120 USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET 4417 Reamy Drive Suitland Engineer Steam SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Georges Suitland Maryland Pr. YES T NOT 4417 Reamy Drive 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE FIRST Arthur Jones Grace Copley **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I UF YES, GIVE WAR OR DATEST 233-52-8986 Marie A. Jones Same as #13 a-e. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOVASC APPEST IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CHRONIC Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF COLON CARCINOMA underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq CERTIFICATION NONE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? COLON CANCER NOX YES [ NO 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET AT HOME STREET FACTORY, OFFICE FARM ETC ) AT WORK 220 I certify that (1) (this haspital) attended the deceased fram\_ and that in (my) (aur) apinian death occurred an the date and haur and fram the couses stated e, (I) (we) (did) (did nat view the bady after death. TREGIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING June 5, 1987 22e ADDRESS

23a. BURIAL CREMATION REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

8300 Corporate Drive Landover, Maryland

George

Cedar Hill Cemetery 06/08/87 Buria! 24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Suitland REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson- Kandall

DHMH - 16 60M 7/84

(VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton Md 20735

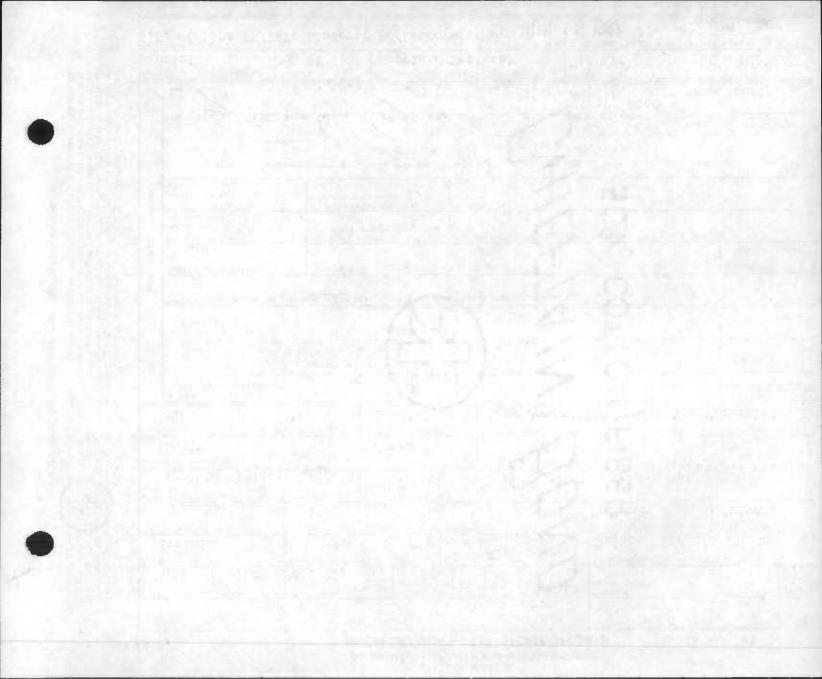
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 2a DATE OF DEATH 2b HOUR TYPE OF PRINT! K. 1 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER OF HER 2, DA 1897 EAR Female 90 Caucasian Jan. 36 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED U.S.A. WIDOWEDXX 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home Maryland Temple Hills 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO 2991 Brinkley Road 20748 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William McClellan MIDDLE 1AS Yeager Orth Elizabeth 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRES 4316 Weldon Dr. (IF YES, GIVEN APR DATES) 577-42-8180 Clifford Jones Temple Hills, Md 20748 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for to , (b), and, ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOR IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 28 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on 22 above. (I) (we) (did) (did not) view the body ofter death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN IAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Burial Holy Comm. Luth. Ch. Cem 06/26/87 Yeagerstown

DHMH - 16 60M 7/B4 (VRA 15, 4) 6631

24 FUNERAL DIRECTOR

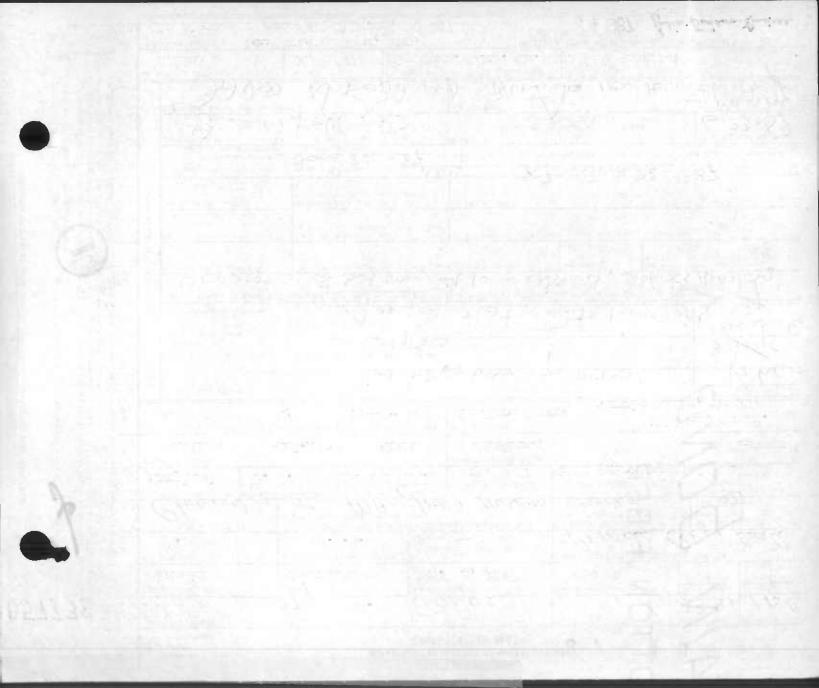
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FOR

Lee Funeral Home, Inc, Old Alexander Ferry Rd Clinton, Md 20735



completely filled in by the funeral director, page 3 per and 2 should be filed within 72 hours ofter death

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continuate be executed within 24 hours after death. Page 4 may be

## FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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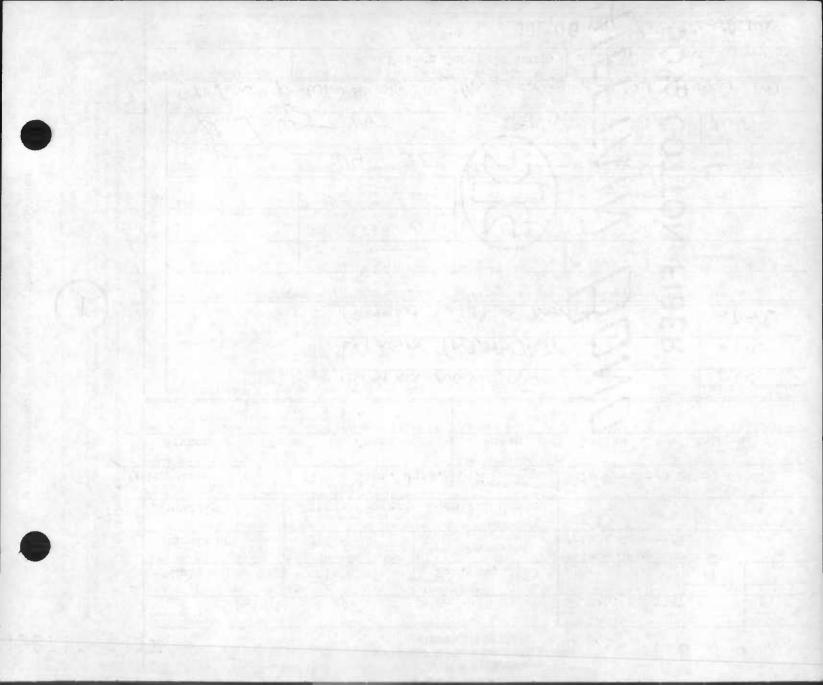
SEX   Balack   SOATE OF BRITH   Male   SOATE OF BRITH   Male			CEASED NAME	FIRST		WIDDLE	ſ	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
Male  Black  Bla		TITPE		Peto	W		Jo	nes		Feb. 4	. 1987	,	12:50 PM
Male Black Feb. 4, 1987  The Bethalce Heart Ground And Country of Death Marked Country of Death Maryland And Country of Death	- 11	3 SEX	X	4	RACE		5 DATE C	F BIRTH				IF UNDER THEAR	IF NOER 24 HRS
The Brithplace instructions of the College of the C			Male		Bla e	ck			1987	Newborn	YRS	MON'H DAYS	HOURS MIN.
The Fundamental Content of Part   Description   Descript	97	7a. BI		OR FORE GN 71	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER	MARRIED A		OR COUNT	Y OF DEATH	
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Bryson Wade Jones Susan Louise Coleman  188 WAS DECEASED EVER IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  188 WAS DECEASED EVER IN U.S. ARMED FORCES? 189. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  188 CAUSE OF DEATH Enter only one course per line 197 of, 161. and 161.  18 CAUSE OF DEATH HE Inter only one course per line 197 of, 161. and 161.  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF JOHN WAS CAUSED BY.  DUE TO, OR AS A CONSCOUENCE OF JOHN WAS PERFORMED  PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I JOHN HE TO BE AUTOPS?  189 DATE OF OPERALION  189 DATE OF OPERALION  189 DATE OF OPERALION  189 DATE OF OPERALION  189 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I JOHN HE TO BE AUTOPS?  180 ACCIDENT WAS UNDERSTAND TO BE AUTOPS?  181 FORCE OF INJURY  OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I JOHN HE AND THE AUTOPS?  181 FUNDING TO BE AUTOPS?  181 FUNDING TO BE AUTOPS?  182 ACCIDENT WAS UNDERSTAND TO BE AUTOPS?  183 ACCIDENT WAS UNDERSTAND TO BE AUTOPS?  184 FUNDING TO BE AUTOPS?  185 DATE OF OPERALION  185 DATE OF	35	13a. S	STATE		Y	130 CITY OR TOWN	V	V		34 STREET ADDRESS	boro P	ike, #	3046743
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18 CAUSE OF DEATH Enter only one couse per line top 0, 15), and is:	(2)	]	_			_		Su					
PART I DEATH WAS CAUSE (ID)    MANDIATE CAUSE (ID)   STATE	medical					166 SOCIAL SECUR	RITY NO.	17 INFORM.	ANT	ADD	RESS		
Conditions, if ony, which gove rise to immediate course (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TE	the the		PART I DEATH	WAS CAUSED	BY.	ASPHIX	9 1	EONA	ToRum			BETWEEN 2 +	ONSET AND DEATH
So Selection of the significant conditions contributing to death but not related to the terminal disease or condition given in part 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1/10  PART 2 OTHER SIGNIFICANT CONTRIBUTION CONTRIB	4					R AS A COMBEQUE	NCE OF	00:-	0 7			2 4	10
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190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USE INCERTIFYING CAUSES OF DEA YES   NO	offier t	ĸ.	cause (a), sta	ting the	DUE TO, OI	PROMA TU	NCE OF RU	The	of mer	BRAS		67	)A/S
OR CONTRIBUTING CAUSE OF DEATH  OUT OF DEATH	minute, m	NO	PART 2 OTHER SI	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	0
DE CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY TEAR  [IF ETHER NOTIFY MEDICAL EXAMINER]  P.M. 19  211 INJURY OCCURRED  212 PLACE OF INJURY  [AT MOME NOT WHILE ALL WORK ALL EXAMINER]  222 I certify that (I) (this hospital) attended the deceased from 19  223 I certify that (I) (this hospital) attended the deceased from 19  224 I certify that (I) (this hospital) attended the deceased from 19  225 SIGN 19  226 PHYSICIAN'S NAME (TYPE OLDRINT)  227 ADDRESS  228 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY PHYSICIAN CHAPTER (SPECIFY)  229 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY Prince George's Hosp.  24 FUNERAL DIRECTOR  NAME  ADDRESS  250 DATE REC. BY REGISTRAR'S SIGNATURE  ADDRESS  250 DATE REC. D. BY REGISTRAR'S SIGNATURE	ows any	TIFICAT	190 DATE OF OPER	MOITA	196 CONDI	TION FOR WHICH (	OPERATION	N WAS PERFO	DRMED		IN CERTIF	FYING CAUSES	NGS USED OF DEATH?
22a   certify that (i) (this hospital) attended the deceased from 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes so above, filtwel (did) (did not) view the body offer death.  22b. SIGN UNE  22a   PHYSICIAN   SNAME (TYPE OLPRINT)  22a   PHYSICIAN   SNAME (TYPE OLPRINT)  22a   BURIAL, CREMATION, REMOVAL   23b   DATE   23c, NAME OF CEMETERY OR CREMATORY (SPECIFY)   PTINCE George's Hosp.   Cheverly PG Mary.  24   FUNERAL DIRECTOR   PASSISTRAR 25b, REGISTRARS SIGNATURE	em 18 sh		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c. HOW IP	VJURY OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM 18 F	PART   OR PART 2)	Title
saw the tdeceosed alive on obove, of two (did) (did not) view the body offer death.    19   17	rked ar II	MEDIC	21d INJURY OCCU	WHILE						CITY OR	IOWN	COUNTY	STATE
2726. SIGNATION  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN   ADDRESS  2726. ADDRE	21 is mor		22a I certify that	(I) (this hospital	2	14_193	2, on	1.14 d that in (my		eath occurred on the	dote and hou	19 )	that (1) (we) lost
236 BURIAL, CREMATION, REMOVAL 236 DATE Prince George's Hosp. 236 LOCATION CITY OR TOWN COUNTY PG Mary. 24 FUNERAL DIRECTOR NAME ADDRESS	T. If Item			/ h	New the body	W	C					22c. DATE	SIGNED 7)
236 BURIAL, CREMATION, REMOVAL 23b DATE Prince George's Hosp. 23d LOCATION CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN CHEVERLY OF CREMATORY COUNTY PG Mary.  24 FUNERAL DIRECTOR NAME ADDRESS	PORTAN		STEVE	NAME LITYPE OF	WYN	ER MI	6,,,1	22e ADDRES	SS		sp. Ci-	tirely	mD
1/81 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	<u> </u>			N, REMOVAL	23b DATE			METERY OR	CREMATORY	23d LOCATION CITY OR TOWN	7		STATE (arvland
	1/81	24 FL				ADDRESS			250 DATE		R 25b. REGIST	RAR'S SIGNAT	URE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician

IMPORTANT: If Item 21 is marked at Item 18 shows any In III TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the bund-irons it permit, it with the State Dept. at Health and Mental Hygiene prior



DHMH - 16 60M 7/84 (VRA 15, 4)

156157 JUN 10

all ector page 3

97.	FOR  STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYC IFICATE OF DEATH	GIENES /	8	0 6 1
	CEASED NAME FIRS		N K	1 × S	20 DATE OF DEATH	6/5/8	7 645 PM
3. SE.	Х	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UND	ER YEAR IF UNDER ZAMES
F	remale	White		gust 9 1912		74 YRS	DAIS HOURS MIN.
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH
	inada	USA		WEDE DIVORCED	Prince	e GEORG	GES MD
10 C	Clinton	Southe	HOSPITAL, NURSING HOM HEACHITY, GIVE STREET ADDRESS)	L HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Teacher	120.	KIND OF BUSINESS OR DUSTRY  G Schools
USU. #3a S	AL RESIDENCE (IF NURSING HOST ATE	OUNTY	GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Vashington	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 2712 29th	/ ZIP CODE C	79999
IN FA	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA			
N		Howard	Dobson	Lila	MIDDLE	Lead	ch tast
16a V	NAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY NO. 215-38-278		ADDR	DITZ E	Belgreen St
	18 CAUSE OF DEATH (Entrement of PART I. DEATH WAS COMMENT OF PART I. DEATH WAS COMMENT OF PART I. DEATH OF P	DUE TO, OF	CARDIOPU	VASCULAK	ACCEDEN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICA SEPTICE 190 DATE OF OPERATION	min,	NTRIBUTING TO DEATH B CONGESTIN		FALUK 6	20b. IF YES, WERI	PART 1:0 E FINDINGS USED CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (	DE DEATH HOUR A.	M. MONTH DAY YEA		YES NO	YES	PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA  2 Id INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (		211 LOCATION	CITY OR TO	OWN CO	PUNTY STATE
	220 I certify that (I) (this sow the deceased almobave, (I) (we) [glid) (d			and that in (my) (aur) apinion	death accurred an the d		
	22b. SIGNATURE	Awa	(m		MEDICAL STA		LATE SIGNED
	Gurbux H			8926 Woodya	#601 ard Rd Cli	inton Mö	20735
	BURIAL, CREMATION, REMO SUFTAL	236 DATE 6-10-8		cemetery or crematory or gton Nationa	al Cemeter		ngton VA
24 FI	NAM RObert 1		ADDRESS Suitlan	d. Md. 250 DM	JN9 BY R1987	256 PEGISTINES	SIGNATURE

injury, or ath

18 shav

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CERTIFICATE OF DEATH	4

7	- STATE REGISTRAR		CERTIF	ICATE OF DEA	TH	REG. N	0.	0 0	O du
	ECEASED NAME FIRST DE OR PRINT)  OLIVER  EX	FI.ZA K	id W			20 DATE OF DEATH	61	S S	7 1 A M
		Caucasian		t. 23	T911	75	YRS.	MUNINS DAIS	HOURS MIN.
V	Wash. D.C.	U.S.A.	WIDOWE		RIED .	PINCE TE	O rye	OF DEATH	MD
1	linton /S	NAME OF HOSPITAL, NURSING THE NOT INSUCH EACHLITY, GIVE STREET	ADDRESS)	OR OTHER INSTITU	ter	120 USUAL OCCUPAT (TYPE OF WORK FOR NOST O Sheetme	F WORKING LIF	12b. KIND INDUSTRY Con	
130 Ma	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 13% COUNTY aryland Char	13c. CITY OR TOW	'N		X			ve2	0601
1	ATHER'S NAME Miland	I. Kidwell		is mother's m.		MIDDLE		(Un	avail.)
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)  (1E YES, GIVE W			Ruth	C. K	ADDR (idwell		me as	#13)
	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	CAPC	10 R	ESPIR	:A101	RY APR	EST	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  A COULLING	HER ENCE OF			TIC HEAT			
N O	PART 2 OTHER SIGNIFICANT CON	1071613					7		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORM	D	200 AUTOPSY? YES NO			INGS USED S OF DEATH?
A P	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR		Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 8 P.	ART I OR PART 2)	
MEDIC	21d. IN JURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	1	COUNTY	STATE

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE

220.1 certify that (I) (this hospital) attended the deceased from

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

that (1) (we) last

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

20601

DHMH - 16 60M 7/B4

BP.

24 FUNERAL DIRECTOR Funeral Home (VRA 15, 4)

FOR

230 BURIAL, CREMATION, REMOVAL Cremation 6/14/87 P.O. Box 156 Waldorf, Md

236 DATE

23d LOCATION
CITY OR TOWN
Waldorf Waldorf, Charles, Ma
250 DATE REC'D BY REGISTRAP 256, REGISTRAP SASIGNATURE

111 A 6 4007 Julia Diodes Company Crematory

HERE RUNARD FREE HALLOST, THE WHENE WHILE SET IT Presection S/24/87 Range Crammany Salder, Charles, Painting meses 517-05-3102 Roth C. Ridwell (Gaph as 115) Miland I. Minnell Thung. - Com Cumpasti. the little of the state of the Man. D.C. U.S.A. Hale - Gaugastan v Sept. 25 ASLA 75

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5	USUA 130 S Ma
2	14 FA
	16a W
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CERTIFICATION

MEDICAL

FOR STATE REGISTRAR CTATE OF MADVIAND

	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENES /	NO.	3	J	0 0
E	LAST	20 DATE OF DEATH	MONIH	DAY	YEAR	2b HOUR
	King		6	3	87	10.00
П	5. DATE OF BIRTH	6 AGE (IN YEARS LAST 8	RTHDAY	IF UN	DERIVEAR	IF UNDER ZAHR
	April 21, 1904	83	YRS.	MON.H	SILATS	HOURS MIN.

OR PRINTE Bernice M. 4 RACE Caucasian ale THPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George rvland WIDOWEDIX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Y OR TOWN OF DEATH 126 KIND OF BUSINESS OR Outhern Maryland Hospital Center Southern Maryland TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY inton Chief Operator C & P Telephone RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ATE 136 COUNTY 136 CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 1909 Colebrooke 13d INSIDE CITY LIMITS? 20748 Prince George Temple Hills rvland YES X Dr. NOF HER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Philip Willett Adelaide A. Murray ADDRESS AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1909 Colebrooke Dr. Temple Hills, Md. (IF YES GIVE WAR OR DATES) NO OR UNKNOWN) 216-16-2378 Alma B. Kidwell 18 CAUSE OF DEATH (Enter only one cause per line for 10 ), (b), and (c) PART I. DEATH WAS CAUSED BY Carcinoma of Lung with metastases IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF

underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

HCVD: Diabetes Mellitus 19n DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX

7 a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

211 LOCATION June 3rd

22a I certify that (I) (the Novel attended the deceased from\_ sow the deceased olife on June 3rd 1987 obove I Xef IdX I find for view the body after death. and that in (my) (all) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE

6/6/87

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 6/4/87

22e ADDRESS

9131 Piscataway Rd., Clinton, Md.

Victor S. Chupkovich, M. J. 23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23d LOCATION Suitland

74 FUNERAL DIRECTOR

Burial

.6160 Oxon Hill Rd. George P. Kalas Funeral Home

Oxon Hill. Md.

250 DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE Julia Davidson Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

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uld be detach the State De

Shaul

MPORTANT

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG N		in the	
(TYPE OR PRINT)	ertha	G.	KI	NG	June 30,		DAY YEAR	2:30p. <sub>M</sub>
3 SEX Female	4. F	White	MONI	of BIRTH uary 21, 1904	6 AGE (IN YEARS LAST BE	PRTHDAY)	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE STATE COUNTRY) District of		CITIZEN OF WHAT CO	UNTRY? 8 MARRII WIDOW	ED NEVER MARRIED DIVORCED D	Prince-G			MD
Hyattsvill		(IF NOT IN SUCH FACILITY, C	GIVE STREET ADDRESS)	t Home, Inc.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	OF WORKING LI		F BUSINESS OR
USUAL RESIDENCE IF N 130 STATE Maryland	136 COUNTY	Georges H	ORTOWN			/ ZIP CODE Avent		83
14 FATHER'S NAME FIRST Josep		. Pa	dgett	15 MOTHER'S MAIDEN NA	G.		Simms	
(YES, NO OR UNKNOWN)		AR OR DATES)	-54-1710	Mary G. McKi				784
18 CAUSE OF DE PART I. DEATE	ATH (Enter only of WAS CAUSED BY	ne couse per line for 10 Y: AUSE (0)	PYE!	emoxIA			BETWEEN O	MATE INTERVAL DINSET AND DEATH
PART 2 OTHER S	immediate ating the use lost.  IGNIFICANT CON  RONANT	4 INSUI	ING TO DEATH BUT	NOT RELATED TO THE TERM  IN CY  ON WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YES	S, WERE FINDIN	IGS USED OF DEATH?
OD CONTRACTOR		216. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	1	PART I OR PART 2)	NO []
WHILE NOT HAT WORK AT WORK		P.M.  21e. PLACE OF INJUR' (AT HOME STREET, FACTOR	Y Y OFFICE PARM, ETC.)	211. LOCATION STREET	CITY OR TO	own 5 /	COUNTY	STATE
saw the dece	eased olive on	ew the body ofter deal	_19.57.0	nd that in (my) (our) opinion  DEGREE	death occurred on the c	date and hav	r ond fram the	
THE PHYSICIAN'S		NI)	nD	ATTENDING PHYSICIAN E	MEDICAT STA DIRECTOR PHYSI	CIAN A	6/30 VE 2/10	:187
230. BURIAL, CREMATIC	15 3	· HAND		WAJHIA	4970N 10	e =	2000	
(SPECIFY) buri	N, REMOVAL 2	36. DATE July3, 1987		CEMETERY OR CREMATORY HILL	23d LOCATION CITY OR TOWN Suitland		COUNTY	ges MO

DHMH - 16 60M 7/84 (VRA 15, 4)

the first to govern

ertificate be

OR ATTENDING PHYSICIAN: The low requires that the death

etained by the hospital or attending physician.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CERTIFICATE OF DEATH

STATE OF MARTLAND								
DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE			
(	ERTI	FICATE	OF	HTA3D	Ü			

A RACE  TO BIRTHPLACE ISTATE OR FOREIGN  TO COUNTRY)  Maryland  10 CITY OR TOWN OF DEATH  Clinton  USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 130. STATE  Maryland  PI GCC  14 FATHER'S NAME  Thomas  Edward  160 WAS DECEASED EVER IN U.S. ARMED FOIR (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH  CONditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  Conditions, if ony, which gove rise to immediate CAUSE  Conditions, if ony, which gove rise to immediate CAUSE  CONDITION  190 DATE OF OPERATHON  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  220.1 certify that (1) (The hope) of other	AUCASÍAN  ZEN OF WHAT COUNTRY?  SA  AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET  NEVÍCEN NUT:  STITUTION, GIVE RESIDENCE BEFOR	MARRIED WEVER MARK WIDOWED DIVOR	CED Pri	G - 2 Y  IS LAST BIRTHDAY)  O  YRS  E CITY OR COUNTY OF	~ 87	1930 P						
Thomas  3 SEX Male  70 BIRTHPLACE STATE OR FOREIGN Maryland  10 CITY OR TOWN OF DEATH Clinton  110 CITY OR TOWN OF DEATH Clinton  1130 STATE  Maryland Pr. Get Maryland Pr. Get Maryland  14 FATHER'S NAME Thomas Edward  160 WAS DECEASED EVER IN U.S. ARMED FOI (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  Conditions, if ony, which gove rise to immediate Couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  190 DATE OF OPERATION  190  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER, NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED WHILE NOT WHILE ATWORK  21d INJURY OCCURRED WHILE NOT WHILE ATWORK  22d Lecrify that (I) (the property of the opense, (I) (well deat) (did not) view the	E  AUCASIAN  ZEN OF WHAT COUNTRY?  SA  AME OF HOSPITAL, NURSIN  NOT IN SUCH FACILITY, GIVE STREET  NEVICEN NUT:  STITUTION, GIVE RESIDENCE BEFOR	S DATE OF BIRTH  MONTO 077  B MARRIED   NEVER MARRIED DIVOR: NG HOME OR OTHER INSTITUT	YEAR 96 99 RIED   9 BALTIMORI CED   Pri	O YRS	UNDERTYEAR	1930						
Male  To BIRTHPLACE ISTATE OR FOREIGN  TO COUNTRY)  Maryland  10 CITY OR TOWN OF DEATH  Clinton  Pin  USUAL RESIDENCE (IF NURSING HOME OR OTHER INS. 130. STATE  Maryland  PARTY 1 AME  Thomas  Edward  14 FATHER'S NAME  Thomas  Edward  160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter only one con PARTY I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  Conditions, if ony, which gove rise to immediate couse (10), stoting the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse (10), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING CAUSE OF DEATH  ACCIDENT WAS UNDERLYING DISTANCE ON CONTRIBUTING AUSE OF DEATH  ACCIDENT WAS UNDERLYING AUSE OF DEATH  WHILE NOTWYME ATWORK  210. I certify that (1) (the ACCIDENT WAS UNDERLYING ATWORK A	AUCASÍAN  ZEN OF WHAT COUNTRY?  SA  AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET  NEVÍCEN NUT:  STITUTION, GIVE RESIDENCE BEFOR	MARRIED NEVER MARRIED DIVOR	YEAR 96 99 RIED   9 BALTIMORI CED   Pri	O YRS MON		711						
TO BIRTHPLACE ISTATE OR FOREIGN  WATY Land  10 CITY OR TOWN OF DEATH  Clinton  DISUAL RESIDENCE (IF NURSING HOME OR OTHER INS. 136 COUNTY)  MATY Land  14 FATHER'S NAME Thomas Edward  160 WAS DECEASED EVER IN U.S. ARMED FOIL  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter only one con PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING CAUSE OF DEATH  ACCIDENT WAS UNDERLYING DIST.  21d. ACCIDENT WAS UNDERLYING DIST.  WHILE NOTWYMEDIAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTWYMEDIAL EXAMINER)  22d. Certify that (I) (the property of the couse of the deceased of the one obove, (I) (we fither work) of the couse	SA  ME OF HOSPITAL, NURSIN  NOT IN SUCH FACILITY, GIVE STREET  NEVICE W NUT:	MARRIED NEVER MARK WIDOWED DIVOR	RIED   PALTIMORI	CITY OR COUNTY OF		HOURS MIN						
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Clinton  Clinton  Clinton  Clinton  Clinton  Pir  USUAL RESIDENCE (IF NURSING HOME OR OTHER INS  130. STATE  Maryland  Pr. Get  14 FATHER'S NAME  Thomas  Edward  160 WAS DECEASED EVER IN U.S. ARMED FOIR  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter only one co  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE  Conditions, if ony, which  gove rise to immediate  couse (o), stating the  underlying couse last.  DUE  Conditions, if ony, which  gove rise to immediate  couse (o), stating the  underlying couse last.  DUE  PART 2 OTHER SIGNIFICANT CONDITION  OR CONTRIBUTING OR CAUSE OF DEATH  (IF ETIMER, NOTHY MEGICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTWHILE AT WORK  220.1 certify that (I) (the composite of the course of the deceased alive on cobove, (I) (well did not) view the	AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET NEVIEW NUTS	NG HOME OF OTHER INSTITUT										
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STATE   CAUSE OF DEATH   Enter only one control	Kinnaman	Mary	Ellen		roll							
18 CAUSE OF DEATH Enter only one core PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE   IMMEDIATE CAUSE   DUE   Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.   OBJUSTICATION   196     PART 2. OTHER SIGNIFICANT CONDITION   196     PART 2. OTHER SIGNIFICANT CONDITION   196     PART 3. OTHER SIGNIFICANT CONDITION   196     OB CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTHER MECHAL EXAMINER)   216     WHILE   NOTWHILE   AT WORK	DATES)			ADDRESS								
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Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HC (IF ETIMER, NOTHY MEDICAL EXAMINER)  210. I Certify that (I) (The Council of the source of the deceased alive on above, (I) (well dead) (did not) view the	SE (O)	repses	,									
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Underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION 190  210. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH HC (IF ETIMER, NOTHEY MEDICAL EXAMINER)  210 INJURY OCCURRED 21c. WHILE NOT WHILE AT WORK 21c. (AT HAT WORK AT WORK AT WORK 21c. (AT HAT WORK AT WORK AT WORK 21c. (AT HAT WORK AT WORK AT WORK 21c. (Lertify that (I) (the lost of obove, (I) (well dead) (did not) view the	(b)	70000776776	us									
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IVPY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ATWORK ATWORK  220.1 certify that (1) (11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CONDITION FOR WHICH	OPERATION WAS PERFORME		IN CERTIFYIN	ERE FINDING	F DEATH?						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IVPY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ATWORK ATWORK  220.1 certify that (1) (11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	. TIME OF INJURY	21, HOW INTUR	YES T	YES [		NO 🗆						
270.1 certify that (1) (this happed) after saw the deceased alive on above, (1) (1) (did not) view the	OUR A.M. MONTH D.		OCCURRED (ENTERNATOR	TE OF INJURY IN ITEM 18, PART	I OR PART 2)							
270.1 certify that (1) (this happed) after saw the deceased alive on above, (1) (1) (did not) view the	P.M. PLACE OF INJURY	19 211, LOCATION										
sow the deceased alive on			c	ITY OR TOWN	COUNTY	STATE						
abave, (1) (wa) (did not) view th	HOME, STREET, FACTORY, OFFICE, I			6-ZY 19.		ot (I) ( <del>we)</del> lost						
	HOME, STREET, FACTORY, OFFICE, I			sow the deceased olive on6 = 14 =1987 , and that in (my) (example of the date and hour and from the causes stated								
	HOME, STREET, FACTORY, OFFICE, I	, 1		on the date and hour or	22c DATE SI	GNED C						
1 KAUL Con	HOME, STREET, FACTORY, OFFICE, I	87, and that in (my) (DEGREE	apinion death occurred		IZC DAIL SI	24-87						
224. PHYSICIAN'S NAME (TYPE OR PRINT)	HOME, STREET, FACTORY, OFFICE, I	DEGREE		STAFF	6-							
R.A. McConna	HOME, STREET, FACTORY, OFFICE, I	DEGREE	apinion death occurred a	STAFF	6							
23a BURIAL, CREMATION, REMOVAL 23b. D	HOME, STREET, FACTORY, OFFICE, I	DEGREE  ATTEN PHYS  22e ADDRESS	apinion death occurred a	STAFF PHYSICIAN	6-	1,MD						
Burial 6-2	ended the deceased from 6-14- the body after death.  aughy, MD.	DEGREE  ATTEN PHYS  22e ADDRESS	NDING MEDICAL DIRECTOR DE L. Barnaba	STAFF PHYSICIAN D	on Hil	1,MD						

BP. DHMH - 16 25M

herol director, page 3 n 72 haurs ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the

Funeral Home (VR A 15 (4) ) 9/74

P. O Box 156

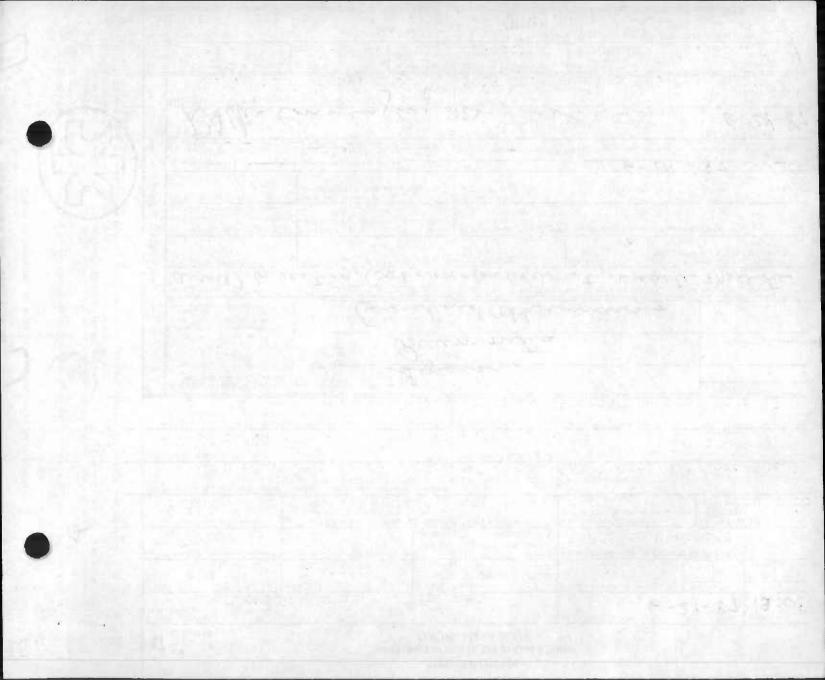
Md.

Waldorf.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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10



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH Joseph Benton Kirby, Sr. RACECaucasian 5 DATE OF BIRTH M Male To BIRTHPLACE - LE UN FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. meat cutter grocery store 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13e STREET ADDRESS Maryland PrinceGeorge's Clinton 5917 Surratts Village Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Williams H. Kirby Joseph Marylee 17 INFORMANT (SON) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 578-07-0850 Joseph B. Kirby, Jr same as 13 a - e 18 CAUSE OF DEATH Enter only one cause per line for o b and c PART I DEATH WAS CAUSED BY Pneumonia DUE TO OR AS A CONSEQUENCE OF Aspiration Canditions, if ony, which gave rise to immediate cause a, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 RECORDS 90 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 106 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 5/11/87 recurrent aspiration YES NO X 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Aspirated bolus of food, lost consciousness HOUR A.M. MONTH 20AY OR CONTRIBUTING A CAUSE OF DEATH fell and fractured nose. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED The PLACE OF INJURY 5917 Surratts Village Dr. Clinton Md P. G. 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (1 (we) (did) (did not view the bady after death and that in (my jaur) opinion death occurred on the date and haur and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 22d. PHYSICIAN'S NAME ITYPE OF 22e ADDRESS 9131 (iscational 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY June 5,1987 Cedar Hill Cemetery Burial Suitland, Prince Georges 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 1/81 (VRA 15.4) 6633 Old Alexander Ferry Rd., Clinton, MD 20735

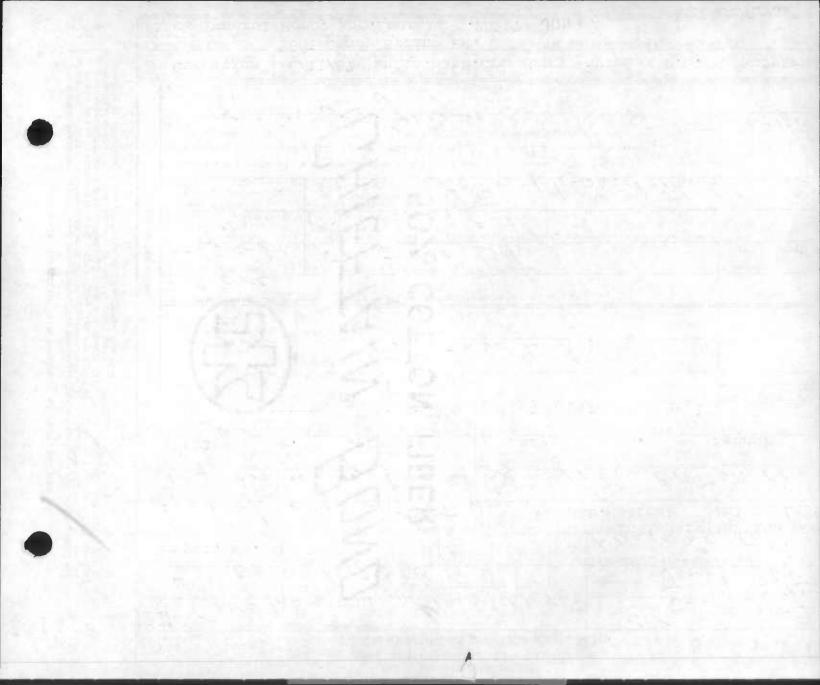
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	oy be loge 3 deoth			VE	LARIA	S	177	RIDGE		6 . 3	2.81.	2-00 M
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AND	/ AR	$\bigcirc$ M	aryland		Geo	Suitlar		YES NO	4818 E		Lane	20746
RYL			14 FATHER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDEN		DOLE	T. A.	ST
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medic		WAS DECEASED EVER IN L FES NO OF UNKNOWN) (IF	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	unknown		Florence Mc		2006 F Freder		
event, the		18 CAUSE OF DEATH E		Cardio	cen	ic Shoul	3		APPROXIA	MATE INTERVAL NSET AND DEATH
r other troumotic		Conditions, if ony, wh gove rise to immedicause of stating underlying cause to	ote	Ven	tru	las Fi	topy	e ,	Marie	
injury. o	NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIONS <u>C</u>	ONTRIBUTING TO DI	EATH BU	IOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 1 o	
lows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATION	ON WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO [				
Item 18 st		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN I'EM B PART	OR RART 2)	
orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE FAI	-1	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
n 21 is m		22a. I certify that (b) (the	10/	e deceased from 8	7	that in (my lour opinion d	eoth occurred on the d	ote and hour a		hot (I) (we) lost ouses stated
UT: If then		226 SIGNATURE	A. Lu	>	D	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN []	45/	ST ST
MPORTANT		STAN	LEY	JUSE,	F.	27e ADDRESS 4467 OL	D. BAHAK	HAVE	207/4	8 MPLE HILL
4	23a	Burial Cremation, REM Burial				METERY OF CREMATORY Hill Cemete	ry Suit	Land	PG	Мď

DHMH - 16 50M 1/81 (VRA 15, 4

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A FUNERAL ROBert E Wilhelm JUN9 1987 Lia Decision Land Suitland, MD. Funeral Home



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STATE	OF	MARYLAND
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REG NO	8	REG NO	4,335.4	8	0 6
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3	11-	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF DEATH  Section 18 18 18 18 18 18 18 18 18 18 18 18 18						
		CEASED NAME FIRS:  OR PRINT)  TOAN		NMN)	,	VEISLEY	20 DATE OF DEATH MO	6 18	FT 2b	HOUR 450AM	
	3 SEX	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) IF IND	ER YEAR IF	UNDER , 1 HR	
		Female	Cauca		July		68	YRS		DUR'S MIN	
7		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR				
		Georgia	US	A	WIDOWE	DIVORCED [	Prince Geo			MD	
1		O CITY OR TOWN OF DEATH  Hyattsville  TOWN OF JEAN HALLITY, GIVE STREET ALL  TOWN SUCH FACILITY, GIVE STREET ALL  TOWN SUC				OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired	VORKING LIFE) IN	DUSTRY	usiness or rnment	
		AL RESIDENCE (IF NURSING HOME	ZIP CODE								
>	Ma	ryland Pr.C	eorge's	Hyattsvi	lle	YES NO		Street	2078	84	
1		THER'S NAME FIRST  Eugene	WIDDIE	last George		15. MOTHER'S MAIDEN NAME FIRST Nona	WE		Helml:	v	
,	160 V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	220 RESS	atuxent			
	{1	YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	579-24-9	9513	Thomas J. Cra	andol Gambri	Ills, MI	210	54	
		18 CAUSE OF DEATH Enter	only one couse pe SED BY ATE CAUSE (0)	Metan J	etac	Recurer	of Ovary	as	BETWEEN ONSE	ENTERVAL ET AND DEATH	
		IMMEDI		R AS A CONSEQUE	NCE OF	^					
		Conditions, if ony, which	( Ib)_	M A3 A CONSEGUE	1402 01	(anor	mone				
		gave rise to immediate cause (a), stating the underlying cause last.		R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN	PARTIO		
	NO	aronic	Ohsh	notrue	Ou	Imongs	Maran	0			
5	MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, W							E FINDINGS	USED DEATH?	
	RTIF	5/3/87	1046	mest	gra	- a cold ou	YES	N	10 🗆		
1	CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110010		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	NITEM 8 PART I OR	PART 2)		
ú	ICAI	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P	M	19						
1	MED	21d INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TOWN	c c c	UNTY	STATE	
		AT WORK			- ATTA	78	5/41	·	3		
		220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (b) (d) (d)	on	// 19 6	(2-) VV	nd that in (my) (our) apinion of	death accurred on the date	and hour and f		(II (we) lost ses stated	
		226 SIGNATURE	mikil	7	17	DEGREE ATTENDING	MEDICAL STAFF	27	DATE SIG	NED 100	
7		22d PHYSICHAN'S NAME (TYPE	CORPRINT		111	PHYSICIAN [	DIRECTOR   PHYSICIA	N 📗	6/1	0/1/	
		- Il San	de			7500 Hanon	e Pkny 4re	en hel	t di	0870	
	23a B	SURIAL, CREMATION, REMOVA	AL 236. DATE	23€ N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	TY	STATE	
		Burial	JUNE 2	0,1987 Ce	edar	Hill Cemetery	Suitland,	Pr. Geo	rge's	0.000	
	24 FL	JNERAL DIRECTOR	Jele Call			oris road	E REC D. BY REGISTRAR 251			49.0	
	Be	eall Funeral Ho	ome -	Bowie,	MD 20	0715-3043UUN	2 2 1987	See Dertie	n. Road	(entre)	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN, The low

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, this TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal

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Hurial Control 20, 190 Coder Hill Constant Salahand, Fr. Goorge's, His Montal Transfer Montal Montal

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TO HOSPITAL OR ATTENDING PHYSICIAL etoined by the hospital or attending pro-

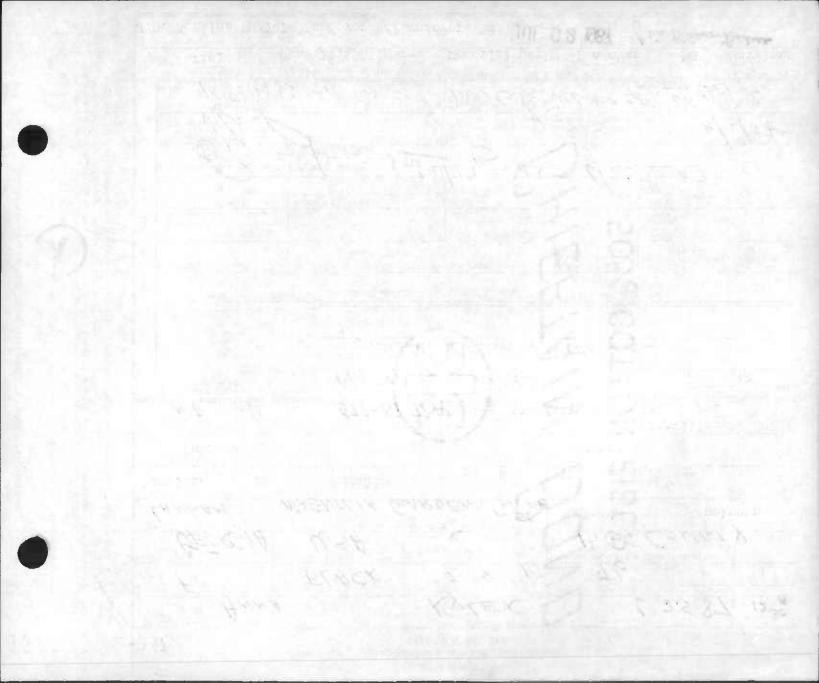
## STATE OF MARYLAND

8 REG. NO.	1	8	U	1	
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JUL	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 PEG. N	1 8	307	U
X	DECEASED NAME (TYPE OR PRINT)	ANNA 4 RACE	BLACK	5 DATE O	Y LER PBIRTH Q DAY Q YEAR 16	20 DATE OF DEATH	MONTH DAY  25  RIHOAY  IF N  MONTH	YEAR 26 HOUR 87 12	30 AM
Otilica on once	TO BIRTHPLA COUNTR LANDA	AGIA DEATH II. NAM	EN OF WHAT COUNTRY  USA  ME OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE	WIDOWE NG HOME O		9 BALTIMORE CITY OF PLANT OF THE COMPANY OF THE COM	Cou	EATH  L. KIND OF BUSINES  DUTKNOWN	MD.
nner mart ber	Maryland  14 FATHER'S NAME	13P ODENIA	13 Lanham		134 INSIDE CITY LIMITS? YES NO 1  15 MOTHER'S MAIDEN N. FIRST	13e STREET ADDRESS 8118 Good		d 2070	06
medicol exon	Unkno	VER IN U.S. ARMED FOR	CES? 166 SOCIAL SEC		Serina Wiley			le, Md 20 Ave	
a burial, crematian, or removo jury, or other troumotic event,	Conditions, if gove rise to couse a structured or course of the course o	TIMMEDIATE CAUSE  DUE  any, which immediate roting the buse lost	TO, OR AS A CONSEQUED, OR AS A CONSEQUED.	JENCE OF	CAUSES  BRAM J  NOT RELATED TO THE TER			APPROXIMATE INTERV BETWEEN QNSET AND D	EATH
shews ony in	190 DATE OF OPI		CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH NO	
t of Health and Mental H <sub>s</sub> m 21 is marked ar Item 18	OR CONTRIBUTING  (IF EITHER NOTIFY  21d INJURY OCC  WHILE AT WORK  220.1 certif  DOO:	CAUSE OF DEATH MEDICAL EXAMINER:  URRED  ?le F (AT H)	P.M. MONTH D P.M. PLACE OF INJURY OME STREET FACTORY OFFICE  ded the deceased from Judy after death.	FARM EIC)	211 LOCATION NIREET  . 19  That Inday our) opinion	city on to	DWN C	OUNTY 14	e) lost
with the State Dept	22d PHYSICIA	SCH SS Z		NAME OF CE	ATTENDING PHYSICIAN ADDRESS COLL	MEDICAL STA	TR DR		2 AYE
50M 7/84	(SPECIF Buria) 24 FUNERAL DIRECTO  J. B. NAME  J. B. NAME	R	e 27,1987 Ha Landover <sup>™</sup> Rd/		Memorial par ver, Md		r PG	Mary 1	

DHMH - 16 60M 7/8 (VRA 15, 4)

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24 FUNERAL DIRECTOR

AH - 16 60M 7/84 (VRA 15, 4) 6633 Old Alexander Ferry Rd., Clinton, MD 20735

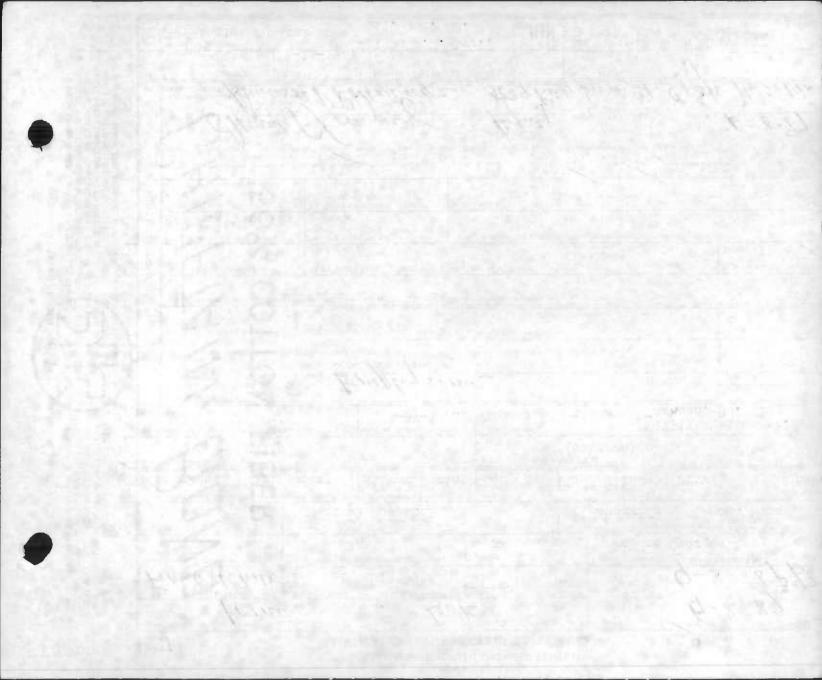
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 915 RECD. BY RECHEPAR 256 REGISTRATE SIGNATOR LAND

300	516	FOR STATE REGISTRAR			DEPARTM	CERTIF	8 0 7 1		
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	,	Outsitell	Mabe	1	A.	La	wson	March 13 198	37 M
	3 SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 HRY
,	1	Female Caucasian		De	40 4000	77 YRS.	MIN.		
6		RTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1		West Virg	oini	USA		WIDOWE		Prince George'	S MD.
1	10 CI	Clinton	Тн	(IE NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A ETN MARY	DDRESS]	Hospital	120 USUAL OCCUPATION (Type of work for most of working life HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY Home
	130 S	AL RESIDENCE UF NURSI TATE	126 COLIN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13c CITY OF TOWN  Dublin	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	99999
ñ,	H/FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	
13	1	Mitchell	Her	o I d	LAST		Minni <sup>®</sup> Rup	e widdle	LAST
-		VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	
2	No	ES NO OR UNKNOWN)		A PAR OR DATES)			Family Rec	ords	
		Canditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last	DUE TO, OI	R AS A CONSEQUE	q i	Moss.	INAL DISEASE OR CONDITION GIVE	
X	NOI	PART 2 OTHER SIGN	N IN PARI I o						
1	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED /ING CAUSES OF DEATH? NO
1	EDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT : OR PART 2)
	MED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	HE [	(AT HOME STR	OF INJURY REET FACTORY OFFICE FA	Fa	PIL LOCATION	March 10	COUNTY STATE
		270 1 certify that (1) saw the decease above, (1) (we) (d 27b. SIGNATURE	d Glive An	t view the bady	10 19 8		DEGREE  ATTENDING PHYSICIAN 5	, to, I death accurred an the date and haur  MEDICAL STAFF DIRECTOR   PHYSICIAN	9 3 f., that (I) (we) last and from the causes stated
/		Dr. St					4467 Old Br	ranch Ave. Temple	Hills Md
	- 0	URIAL, CREMATION, I	REMOVAL	3-16-	-87 Hig	AME OF C	emetery or crematory d Memory Ga	23d LOCATION Lrdens-Dublin.V	irginia state

THE THE PARTY OF T Lyong MIDIA. Many with talling

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG. NO. . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATED & AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 1914 73 DEAD 76 CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges Alabama USA DIVORCED -CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 26 USUAL OCCUPATION ITYPE OF WORK own home Doctors Hospital Housewife Lanham UAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Silver Spring 13d INSIDE CITY LIMITS? 14005 Wildwood Drive 20904 Maryland Montgomery YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME (unknown) (unknown) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 Skyline Dr. N/A OR UNKNOWN Thomas Leak-step-son-Ashton, Md. 108-07-6292 20861 18 CAUSE OF DEATH (Enter only one couse per APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id USED AS A B 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENTO 201 PRÍOR TO BUR YES . NO A 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Inspection death resulted from: Natural causes Accident Undetermined monner FUNERAL THE NAME OF CEMETERY Virginia Stanley 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA DHMH - 17 Hines/Rinaldi Funeral Home Sil. Spr. Md. VR A15 ME (5))



Miled in by the funeral director page 3 sould be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed, by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83

(VRA 15, 4)

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FOR STATE

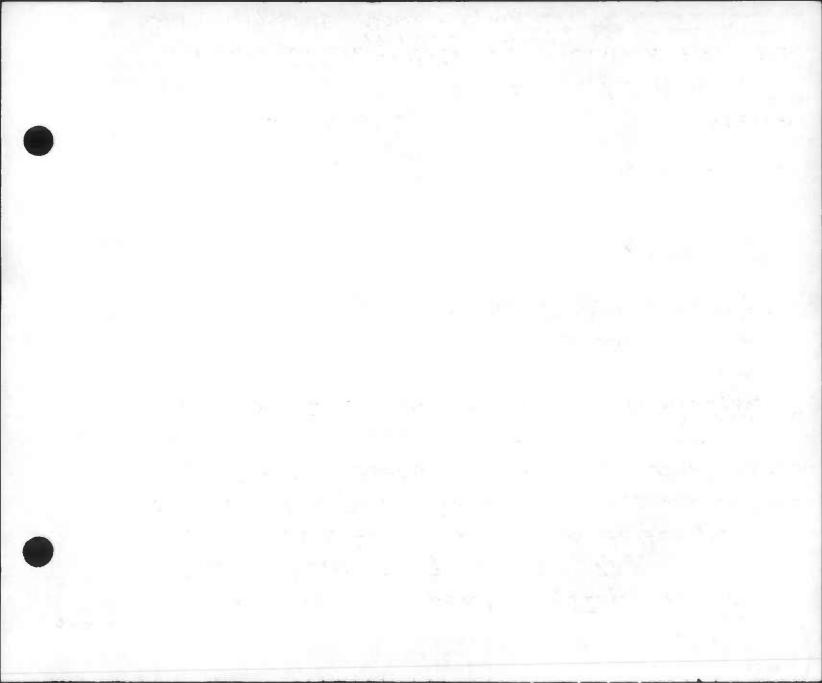
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF	DEATR	REG. NO		
I DECEASED NAME FIRST	WIDDLE	LAST	2a. DAT	E OF DEATH MONTH	DAY YEAR 21	HOUR
STYPE OR PRINTS	1	100	177	1 4 2	14 1007	
3 SEX	I RACE	5 DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	FUNDER YEAR IN	UNDER 24 HRS
11	11	MONTH DAY	YEAR	Y-7 Ann		OURS MIN
Male	Negro	9 14	1910	YR		
70. BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTR	MARRIED NEVER	MARRIED 9 BALTI	IMORE CITY OR COUN	NTY OF DEATH	
Vicainia	11.5.A.		NORCED Pr	ince Ge	orges	M
10 CITY OF TOWN OF DEATH		SING HOME OR OTHER INS			12b. KIND OF B	SUSINESSO
R	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	TYPE OF	WORK FOR MOST OF WORKIN	0	w ]
USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSIONI	a. III	uch Driv	en ket	irea
130 STATE 13b COU	NTY 13L STY OR TO		CITY LIMITS? 13e STRE	ET ADDRESS / ZIP CO	DDE X	On.
Md. P.	G. 130W	IC YES [	NOX 124	109 Duck	off OCU	nka
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER	S'S MAIDEN NAME	MIDDLE	LAST	
Robert	/ .	0 11	nt nouse	2		
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORM	ANT	ADDRESS	211/1.0-	1-0
(YES, NO OR UNKNOWN)	VE WAR OR DATES)	2-210 ALL.	20 110	232	3 vy y nga	TE K
465	114 13/1-0	1/-ZITILHITINE	-a Houn	25 Suit	A GOOD AA	TE INTERVAL
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	TE CAUSE (o)	audu	aux +.		100	
	DUE TO, OR AS A CONSEC	DUENCE OF	1 10			
Conditions, if ony, which	( (b)	Can	aus le	ui	54	) ^
gove rise to immediate couse of, stating the	DUE TO, OR AS A CONSEC	DIENICE OF C			1	
underlying couse last	1	Care	Amesc	lus	10-1	0 .
DART 2 OTHER SIGNIE ICANIT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT PELATE	DIO THE TERMINAL DIS	EASE OF CONDITION	GIVEN IN PART 1	
	COMBINOTO COMMISSION	O DENTIL DOT TO THE ETTE	DITO THE TERMINAL DIO		011211111111111111111111111111111111111	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERF	ORMED 200 F	AUTOPSY? 206 IF	YES, WERE FINDING	S USED
J. J.				IN CER	RTIFYING CAUSES OF	DEATH?
71m. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	121- HOW I	NJURY OCCURRED (ENTI			NO []
On COLUMN CALLES OF DE	LIGHT A M. MONITH	DAY YEAR	NJORT OCCURRED TENT	TO MATURE OF INJURY IN HEM	IS PART DR PART,	
OR CONTRIBUTING CAUSE OF DE CA		19				
214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATI		CITY OR TOWN	COUNTY	STATE
AL WORK AL WORK						
22a I certify that (I This have	ntol) ottended the deceased from	n 6 Y	19 T6 10_	ga) 3	. 19.84 tho	t (I Luci los
sow the deceased alive o		ond that in (my	opinion death occ	urred on the date and I	hour and from the cou	ises stated
obove, (I) (we) (did n	of view the bod Patter death.	DEGREE			22c DATE SIG	GNED
	A. CHILLIA	1 1 0	ATTENDINGMEDIC		11/1	100
TO L BUNG IC IAA KE WATER	1000000	22e ADDRE		TOR PHYSICIAN	10/10	107
22d. PHYSICIAN'S	111 -	ZZE ADDRE	D 14	1 11	11	207
Vack & III	leshel M. D.	2006	, Daltimore	Ave N	uattsvilla	md
23a. BURIAL, CREMATION, REMOVA	23b DATE 23	C NAME OF CEMETERY OR	CREMATORY 23d L	OCATION		1
(PRECIPY)	Tune 16,1987	Codar 11	11 5	CITY OR TOWN	PG	AMA
24 FUNERAL DIRECTOR	491	y Ma Ilbani	P/1250, DATE REC'D	BY REGISTRAR ASSERTED	SIRAR'S SIGNATUR	E .
O NAME	A A A ANDRES	CLOCITONS	EN TITLE	1	Figure 1 a retain	000
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## STATE OF MARYLAND

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	- 1	8	J	6	
REG NO					

	-	REGISTRAR			CERTIF	ICATE OF	DEATH	RE	G. NO			
	I DEC	CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEA		DAY YEAR	2b HOU	R
9.	( TYPE	JOHN T.	LEISHER					Jun 4. 1	987		73	30 P
	3 SEX	(	4 RACE		S. DATE O			6 AGE (IN YEARS LA		IF UNDER YE		24 HR5
2	1	Male	Whi	te	MONT	ct 22,	1889	97y	YRS	MONTHS DAT	S HOURS	MIN.
E.		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIC	D NEVER	AAA PRIED	9 BALTIMORE CI	Y OR COUN	TY OF DEATH		
1		Maruland	1	ISA	WIDOW	_	NORCED []	Prin	ce Geo	roote		MD.
1.1	10 CI	TY OR TOWN OF DEATH	7 11. NAME OF	HOSPITAL, NURSIN	G HOME (			12a USUAL OCCU	IPATION	12b. KIND	OF BUSINE	
7	Lá	aurel /		Laurel B		ille H	osp	Farmel			ry K-empl	aued
40	USU/	AL RESIDENCE (IF NURSING HOMI TATE 1136 CC	OR OTHER INSTITUTION	GNE RESIDENCE BEFORE		113d INSIDE	CITY FIRMITS 2	13e STREET ADDR	ESS / 710 CO	,		-
1	Ma	ryland Ho	ward	Scaggsvi		YES X	NO 🗌	8262 Les			07	
2	14 FA	THER'S NAME	MIDOLE	IAST		15 MOTHER	'S MAIDEN NAM	ME	ni e		LAST	
16	1	John	T.	Leishear	,	k	lizeahe	1110	16.6	Chalk		
10		AS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORM		A	DDRESS	CHIA		
de	{/	NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	216-44-5	138	Doris	Stuers	same as	above			
		18 CAUSE OF DEATH Enter	only one couse pe	r line for 101. b' and	HC.			0		APPRO BETWEE	OXIMATE INTER	VAL
		PART I. DEATH WAS CAU	ISED BY: HATE CAUSE (0)	841)	EN	CAN	DIAC	DEAT	7			
			DUE TO C	R AS A CONSEQUE	NCE OF			- A	/*	-1	,	
		Conditions, if any, which	( 16)	77001	544	BLE	MYO	CADIH	L INF	AACTO.	N	
		gave rise to immediate couse (a), stating the	) 10,_									
		underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF							
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO F	EATH BUT	NOT BELATE	D TO THE TODAY	INIAI DHEE ASE OR	CONDITIONIC	DVENUEN DART	1	
	N O	PA	21PHE	ran	VF	100	LANT	DIJE	956	IVEN IN PART	I d	
1	AT	190 DATE OF OPERATION	19b, COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?		ES, WERE FINE		
4	CERTIFICATION							YES NO		TIFYING CAUSI YES 🔲	ES OF DEAT	H? ]
-	CER	210 ACCIDENT WAS UNDERLYING	LIOUD A	OF INJURY .M. MONTH DA	V VEAD	21c. HOW II	VJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2	1	
1	AL	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	19							
	MEDICAL	21d INJURY OCCURRED		OF INJURY	- 17	211 LOCATI			34			
	W	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE, FA	ARM, ETC ]	STREE	T	CITY	OR TOWN	COUNTY	51	TATE
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		abave, Dwei did did	not wiew the body	after death		DEGREE					TE SIGNED	
		20. SIGNATURE	Compl	M	/	11 10	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [	6	4-87	
1		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	- 11	1	22e ADDRE		1		1	1	10
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	,	Burial	June	6.1987 E	mmanu	iel Cem	eteru	Scagas		COUNTY	Md	AIL /

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Donaldson Funeral Home P.A. Laurel, Maryland

258 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

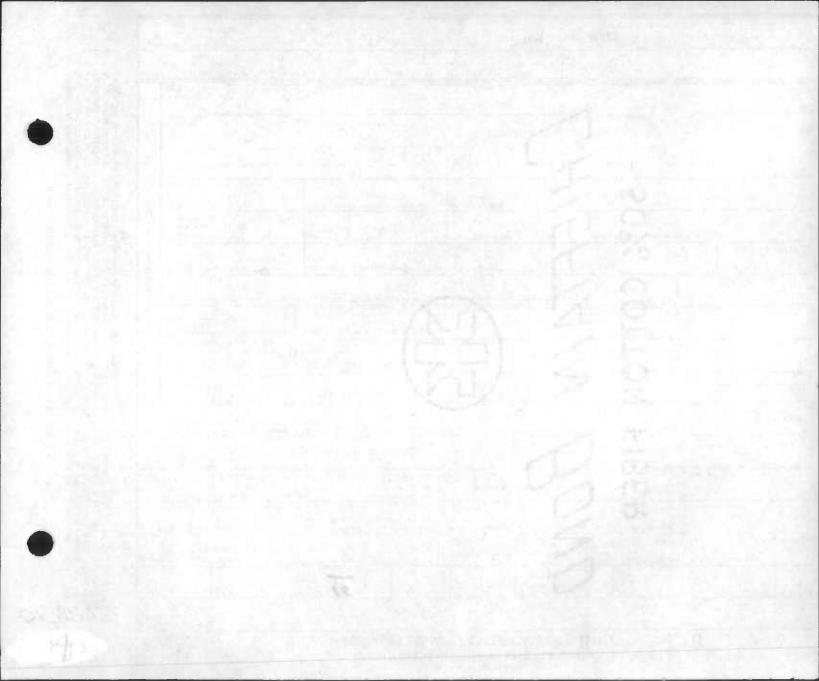
JUNO 9 1987 Julia Diodon Professione

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	moy pog	3 SEX		HOIG	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 11	FEAR IF UNDER 24 HRS
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	By The state of		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIN	ND OF BUSINESS OF
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	Ping Ping Ping Ping Ping Ping Ping Ping		saw the decease above, (1) (we) (d	d olive on	+ ML Qu	ofter death.	7	nd that in (my) (our) opinion	death occurred on the	dote and h	our and from	the couses stated
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	(VRA 15, 4)	90	13 Annapol	is Ro	ad., Lan	ham, Maryl	and 2	20706	4 9 1901	0		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Unkn. 87-63 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) DEATH MATED 28/19 Bonnie Gave T, ovd 61 IF UNDER 1 YR. 9:10 P M White DATE OF BIRTH & AGE (IN YEAR! IF UNDER 24 HRS 3 SEX 20 DATE 25 YES PRONOUNCED 01 28/19 87 To BIRTHPLACE INTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington USA Prince George's County, DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Langley Park 1410 Kanawha St. unemployed Langley Park 13d INSIDE CITY HMITS? 13e STREET ADDRESS George 1410 Kanawha St. 20783 S AFFR LATTICINE COVE PAGES I AND PAGES I AND Rolfin Dowell Linda Shifflett 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWNI 1 (IF YES GIVE WAR OR DATES) 218-84-0958 Rollin Dowell 9114 Margo Lane Lanham No 18 CAUSE OF DEATH (Enter only one couse per line for (a, b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HONEX EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ANDING TO FUNEX DISCOVER, PAGE 3 SHOULD BE USED AS A BURIAL TRANSITYPEM, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound of Chest (unspecified weapon) IMMEDIATE CAUSE (o)\_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🖾 NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR ? P.M. 6/ 28/1987 subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM ETC.) WHILE NOT WHILE AT WORK 1410 Kanawha St., house Langley Pk., Pr.Geo., X 228 I certify that I taak charge of the remains described above, held an Inspection Homicide X death resulted fram: Accident Undetermined monner Natural causes TITLE (SPECIFY) DATE SIGNED 6/29/87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Widtiam M. Zane, M.D. 111 Penn St. (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION Cremation 6/30/87 Metropolitan Crematrov Alexandria 07/84 Fairfax Virginia Beltsville 24 FUNERAL DIRECTOR Donard V. Borgwardt Md 20705 **DHMH - 17** 6 (VR A15 ME (5))

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, retained by the haspital or attending physician.

056839 JUN

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	3 SE)	(	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
	1	Female		White			20,1928	58	YRS	
1	0	RTHPLACE THATE OFFI	CREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEAT	Н
2		laryland		USA		WIDOWE	D DIVORCED		rges County	
1	10 CI	TY OR TOWN OF DEA	1	(IF NOT IN SUC	H FACILITY, GIVE STI	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDUS	
1		Laurel					ille Hospital	Mill Work	er. Cot	ton Mill
5	130 S	AL RESIDENCE (IF NURSH	136 COUNTY Howar	Υ .	131. CITY OR TO	OWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 920 Philip	ZIP CODE Powers Dr	. 20763
2	14. FA	THER'S NAME	MI	DOLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
C	/ V	ivian	Paul	L	uber		Rita		Waters	
1		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDR		20763
		no			212-26	-5540	Elmer Luber	8925 Washin	igton St Sa	vage, Md
		18 CAUSE OF DEATH	Enter only	DV	(	, ond y	Heart Fav	lore.	BETW	PROXIMATE INTERVAL
			IMMEDIATE		conge	87W2	Arest pas			
				DUE TO, OF	RAS A MINSE	QUENCE OF	li-modoh	allol	1	
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		couse (a), stating underlying couse	lost.	1	R AS A CONSE	OUENCE OF	O			
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1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT	
	TIFIC			13.0				YES NO	IN CERTIFYING CAL	NO [
_	CER	210 ACCIDENT WAS UND		21b. TIME OF		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART LORPAR	1 2)
1	CAL	OR CONTRIBUTING C		P. A		19	The state of the state of			
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY, OFFE	ICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)WN COUNTY	STATE
	<	AT WORK AT WOR	K .							
		220 1 certify that (I)		5. 30	deceased fro	97	. 1987		1987	that (I) (we) lost
П		saw the decease above, (I'	d olive on		ofter deoth.		d that in (my) (our) opinion	deoth occurred on the de		
		22b. SIGNATUR	any	7			PEGREE ATTENDING	MEDICAL _ STA	FF _	ATE SIGNED
1		22d PHYSICIPAL NA	ME ITH OF	WINGS.			PHYSICIAN (	1 1	0 0	
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	23n D	SURIAL, CREMATION, F	PEMOVAL 1	23b DATE	12	TO NAME OF C	Lanvel F	236 LOCATION		
		SPECIFY) Burial	EMOVA(	June 2			Cemetery	Savage	Howard	aryland
	24 FL	JNERAL DIRECTOR		June 2	.,,,,,,	curage		TE REC'D. BY REGISTRAR		
	n	onaldson Fi	ineral	Home F	A. Lai	arel, Ma	ryland   1111	N 1 1 1987	Julia Dandson	Kudaes

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon many with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or illument. IMPORTANT: if Item 21 is marked or Item 18 shows any injury, or other troumatic event the first and the first process are so that I the first process are

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE KNOWN DECEASED NAME CTYPE OF PRINTS ESTI-DEATH MATED Marie 6 - 4Lucy & AGE I'N YEARS IF UNDER 24 HRS 5:15P PRONOLINCED DEAD 187 Female Black Nov. 4, 1974 12 TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Washington. D.C. United States DIVORCED Prince George's County WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Prince George's General Hospital Student Education Cheverly I STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS D.C. 1306 Franklin Street N.E. Washington NO [] 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE G WITH FORM PAGES WIT. PAGES Herbert W. Lucy Sandra Richards WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IAL SOCIAL SECURITY NO ton.D.C. LYES NO OR LINKNOWNS LIF YES GIVE WAR OR DATES! 577-96-8957 Sandra Lucy, 1306 Franklin St. N.E. Washing-18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). A BURIAL - TRANSI 1 - E. D. HAND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Electrocution complicated by drowning DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR PAGE 3 SHOULD BE USED AS A ENTER EMETH, WITH THE STATE DEPARTMENT OF HEALTH, BATE WORD AND, 21201 PRIOR TO BURIAL, CREW. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR Subject came in contact with live wire 4:00RM 6-4-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION WHILE AT WORK AT WORK Central Ave. & Addison Road, Prince George's County, MD 220 I certify that I tool described above held on Autopsy and in my opinion death resulted from Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 6-5-87 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 6/11/87 Maryland Natl. Mem. Pk. Laurel, Prince Georges, Maryland BP A DATE FECT BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Washington. D.C. McGuire Funeral Service. 7408 Georgia Ave. N. W.

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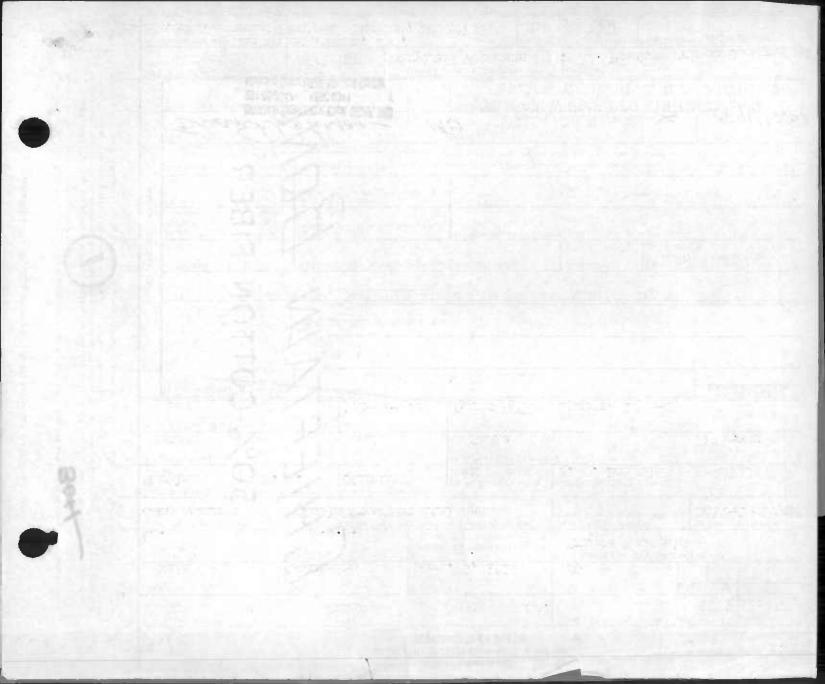
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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The state of the s		mp Springs		HOSPITAL, NURSIN			ON	12ª USUAL OCCUPATION OF OF WORK FOR MOST O		126 KIND OF BUSINESS O
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afferded the first the but hood M	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK		OF INJURY TREET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY STATE
AL OR ATTENDIR The heaptital or AL DIRECTOR, A seruched for uses are Dept of Heal T. If ferro 21 is mo		220   certify that (i) (this hasp sow the deceased alive or above (i) (we) (did) (did no 21h 3 3 3 1 1 1 1 1	John	s after death 19	, one	ATTEN	opinion d	, to	te and hour	9, that (II (we) lo and from the causes stated  22c DATE SIGNED  #9 JUNE
O HOSPIT TO FUNES Throught bes			3647 AFSC S Grow USAF M	edical Center		MADORES M	GROV AFB,	WASHINGTO	CTR (	MAC)/SGRA . 20331-5300
BP		BURIAL, CREMATION REMOVA ISPEC Burial	06/23	3/87 Ma	ryland	METERY OR CREM.  Veteran	s Cer	m Chelten	ham Pr	county State
	124 E	LINEDAL DIRECTOR LAP HT	meral	ome. Inc.			250 DATE	PEC'D BY PEGISTRAP	256 PECISTA	AP'S SIGNATURE * . 10

DHMH 16 60M 7/84 6633 Ola Alexander Ferry Rd Clinton, Md 20735

JUN 24 1987



	TE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF BEATH

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11-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	8 1 8 1 8 1
I. DEC	EASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 175°C	OFFRICE)	. M	MADDEN	June 7, 1987 2:50 P
3. SEX	Anthony	M. 4 RACE	MADDEN  5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF JINDER 24 HR
	Male	white	19 21 65	81 YRS DAYS HOURS MI
	THPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges'
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (1F NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSURANCE SALES PRIVATE
La	nham	AMI Doctors Hos	pital	insurance sales private
13a ST	TATE 136_COUN	other institution give residence before NTY  nce George Green	belt   13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 149 Westway Bd 20770
	THER'S NAME (artin	Maďďen	15 MOTHER'S MAIDEN NA	J. Wilhers
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRESS
(AF	NO	281-22-6	762 Michael G. M	adden PO Box 8 Greenbelt 20770
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (c)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	
o No	D-C-92 IS	Mellous.	OPERATION WAS PERFORMED	VINAL DISEASE OR CONDUCTO SEN IN PARTY SE
TIFIC				YES NO INCERTIFYING CAUSE OF DEATH
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURITH
ME	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, EIC ) 211 LOCATION STREET	CHECK STATE
	saye the depended of ve on	tal) attended the deceased from	and that is (my your) apinion	death accurred on the date and hour and from the causes stated
		CKO	And the second s	MEDICAL STAFF
	SULVIE	cHarch	120 8f34 G	unnight Drive, D+
15	urial, cremation, removal <sup>SPECIFY)</sup> Burial	6/10/87 Ga	Name of Cemetery or Crematory te of Heaven	Silver Spring Montgomery Md
Den	HE A DIVECTOBORGWAY	dt 4400 Powder Mid Beltsville	ill Rd. 250 DA	TE REC'D, BY REGISTRAR 24 REGISTRAR SISTEMENTER

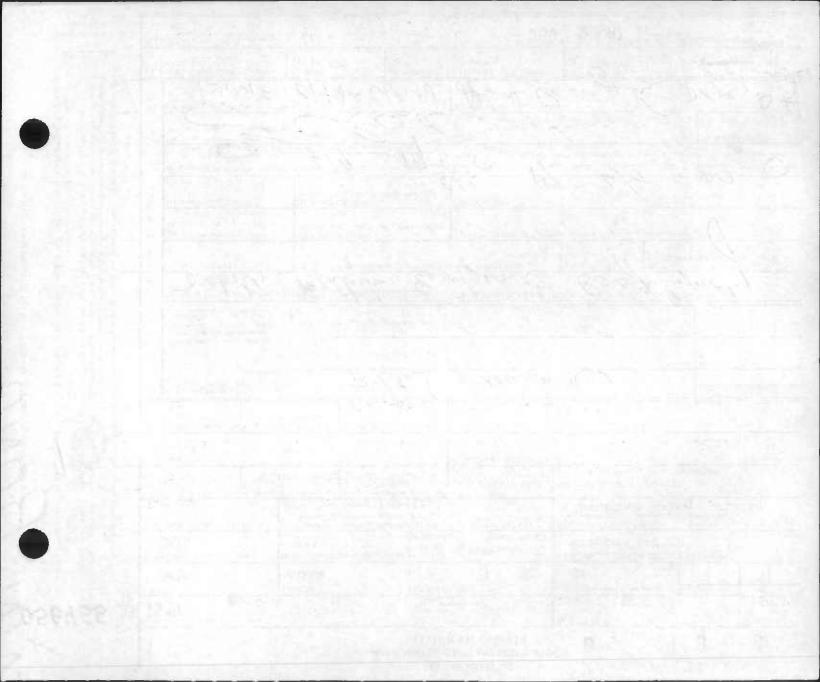
DHMH - 16 60M 7/84

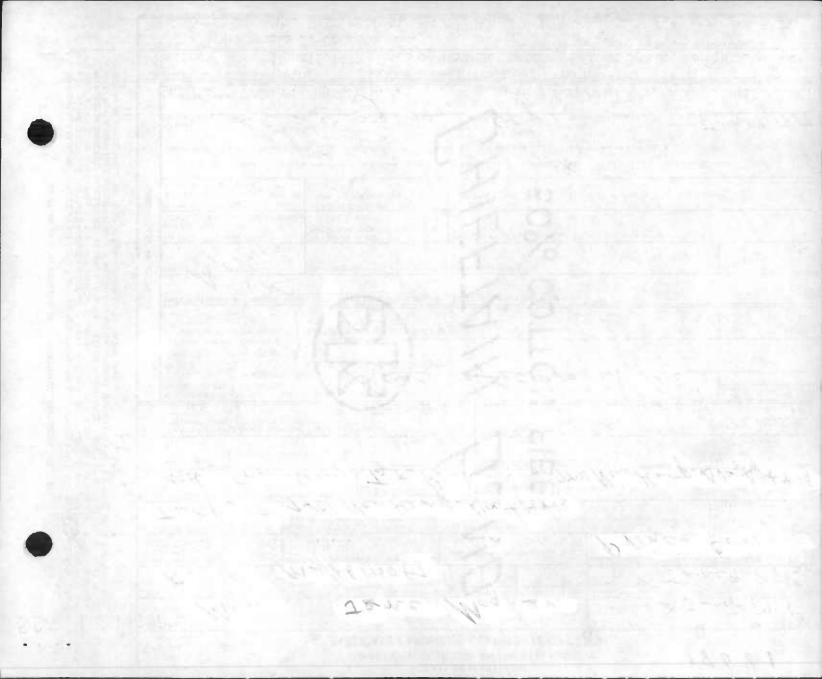
BP.

10 FINERAL DIRECTOR: After this certificate has been signed by the attending physician shall be defined to use as the burial-transit permit. Then please remove carbon papers, with the State Capt of the Capt on Mental Hygiene prior to burial, cremation, or removal.

TO HOSFIELD OF ATTENDING PHYSICIAN: The low requires that the death eliminal by the heapten or attending physician.

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME O DATE KNOWN OF ESTI-DEATH MATED MALONE AGE (IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED 9 DEAD MARRIED | NEVER MARRIED | North Carolina Prince George's County WIDOWED I DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Bowie Health Center Home Maker Bowie own home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Bowie 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE Pr. George's 11912 Galaxy Lane Maryland NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Thomas Newlin Eva Williams IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT Galaxy Lane IYES, NO. OR UNKNOWNI (IF YES GIVE WAR OR DATES) 577-52-2164 Bowie. Maryland J. Malone 18 CAUSE OF DEATH Enter only one couse per lightfor (o). b), and (c) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 19
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BATTIMON, OR REMOVAL. PART I DEATH WAS CAUSED BY. newtre a endovors cuby design IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 196 DATE OF OPPRATION NO P 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK THE Inspection XX 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural causes death resulted from Amudent Suicide Homicide \_\_\_\_ Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAME M.D. ADDRESS 5009 Rayburn Ct . Temple Hills, MD Rodriguez. (TYPE OR PRINT) 13c NAME OF CEMETERY OR CREMATORY 23d LOCATION 6.1987 Arlington National Cem. Virginia Burial Arlington. Arlington. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Road DHMH - 17 NAME 20715-3043 (VR A15 ME (5)) Bowie, MD Funera. Home

PART AND TO A COUNTY OF THE PART OF THE PA particular to the production of the second o and the way freely the same of the state of Some First Salver on returned Langue Charge While Hilly State I MANAGORE THE RESIDENCE HOLDERS Troub While The Same Parish Land Chance many Loly 87

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

-8	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYO	GIENE B	10	8 0 8	8 3
		CEASED NAME EIRST OR PRINT) NATHA		MAN		BULT	20 DATE OF DEATH		V YEAR 21	2:10 A
	3 SEX	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER FEAR IF	UNDER 24 HR
1	1	Male	Black		Ju	ly 1,1947	39	YRS	ININS DAIS H	OURS MIN.
7	(	RTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	DEN NEVER MARRIED DIVORCED DI	PRINCE C	Secrue	S DEATH	MD
1	10_CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING FACILITY, GIVE STREET AI		MOSSIFUL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Foreman		126 KIND OF E	BUSINESS OR Gas Lt C
3	13a. S		PROTHER INSTITUTION OF INTY $G$	INE RESIDENCE BEFORE A 13c CITY OR TOWN Clinton	1	13d INSIDE CITY LIMITS? YES 2 NO	13e STREET ADDRESS 8604 Pret	/ZIP.CODE	ourt (2	20735)
de	I4 FA	THER'S NAME EIRST Nathan	Maniga	ault		15 MOTHER'S MAIDEN NA	MIDDLE	G1	reen LAST	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR			
1		no no	INC WAR ON DATES!	577-64-	7262	Mrs Rita Ma	nigault/860	4 Preto	oria Cou	irt
	NOI	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE  THE DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  206. IF YES,							plesyn	
2	TIFICAT	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH C	OPERATIO .	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDING: NG CAUSES OF	S USED F DEATH? NO
9	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN	EATH HOUR A.M	A. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PAR	T 1 OR PART 2)	
1	MED	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR 10	) MN	COUNTY	STATE
		220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did to	0 6/1	19/ 19 8	7.00	120/8719 and that in (my) (our) opinion	death occurred on the d	2 7, 19 late and hour c		ot (1) (we) last uses stoted
		226 SIGNATURE	arl H	E Do	20-		MEDICAL STA		26 Jul	ne 1987
1		DR, M.	PILLOR		6	6/88 OXON A	TILL RD,	OXON HI	ILL MI	2
		SURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	11-11-	COUNTY	STATE
		Burial				y Memorial Pa		ndover	1	Md.
4		INERAL DIRECTOR Marsh				111	N 30 1987	25) REGISTRE	THE SIGNATURE	idall
		4217 9th St NW	: Washillig	LUII, D.C.	. 200	TT	-			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

S1	A	TE	0F	M	ARY	LANI	D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	-	8	U	8	4
NEG. NO	_	_		-	_

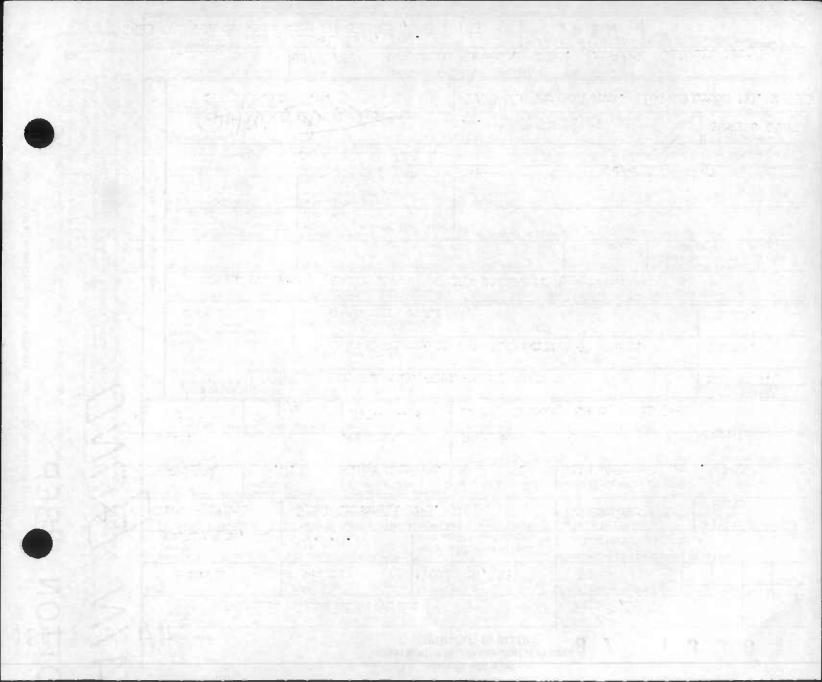
- 1	7 11	REGISTRAR			CEIVIII	TEATE OF BEATTI	REG. N	0			
		EASED NAME FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	MONTH D.	AY YEAR	26 HOL	JR .
	\$14PE	Bernice	Elizabe	th Mathi	S		June 8,19	87			M
	3. SEX	(	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY	FUNDER I YEAR	IF UNDER	
		Female	White		Marci	h 28°,1937° AR	50	YRS	ONTHS DAYS	HOURS !	M/NL
K		RTHPLACE THATE OR FOREIGN		CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C		OF DEATH		
/		lashington, DC	U.S.F	٨.	WIDOWE		Prince G	eorges			MD.
2	Ca	TY OR TOWN OF DEATH  amp Springs	52910 ℃	arswell A	Ave.	#103	Honemaker	ON F WORKING LIFE	126 KIND O INDUSTRY Home		SS OR
5	130 S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)		13c. CITY OR TOWN		YES NO	130 STREET ADDRESS /		20 e. #10	74	8
1	4 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	1	
1	_	ohn		Robertsor	1	Bertha			Steel		
	16a V	NO OR UNKNOWN   (IF YES, GN	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRE				
		NO	A/V	577-50-0	1487	Leroy Mathis	Same as	13 A-E			
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (a) ACUTE CARDIOPULMONARY ARREST									DEATH.
		Conditions, if ony, which ( ) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE. YEARS.									
		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO OF	R AS A CONSEQUE	NCE OF				YEAR	s.	
		PART 2 OTHER SIGNIFICANT (					NAL DISEASE OR CON	DITION GIVE	N IN PART 110		
	N O	RENAL FAIL	URE, PEI	RIPHERAL	ARTER	IAL DISEASE. H	Hypertensio	n			
1	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b IF YES,	WERE FINDIN		LH5
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		21c HOW INJURY OCCURRE					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE (		19	21f LOCATION					
	ME	WHILE OF WHILE OF WORK		EET FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	5	STATE
		22a L certify that (I) (this hospi	tal) attended the	deceased from_	May 1	9 1987 19	June	8 , 1	9 87	that (I) (v	we) lost
		saw the deceased alive on above, (1) (we) (did) (did no				d that in (my) (our) apinion d	eath occurred on the do	ate and hour	and from the	causes sta	oted
		22b. SIGNATURE	II view line body	arier deoin	Ī	DEGREE			22c DATE	SIGNED	
		Roter	0000	ma-			MEDICAL STAF	IAN 🗌	JUNE	8 1	987
		PETER W.Y.	M M.D.			7900 Old Bra	anch Ave. #	101 Cl	inton 1	Md.	20735
		BURIAL, CREMATION, REMOVAL SPECIFY)	23b DATE 06/11/3			EMETERY OR CREMATORY	23d LOCATION	0-3	COUNTY	2 5	TATE
	04.5:	Burial				Memorial Gard			rert Ma		nd
6		Dld^Malexander F	uneral .	Home, Inc	MA 2	0735	REC'D BY REGISTRAR	A REGISTR	YK? SICHAM	AME	
0.	-	JEG FECAGRACE I	CLLY IM	CITITOTI,	131 2	0733	1001				

BP. (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other fraumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carban papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

FOR STATE

DHMH-16 60M 7/8 6613 Old Alexander Ferry Rd Clinton, Md 20735



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

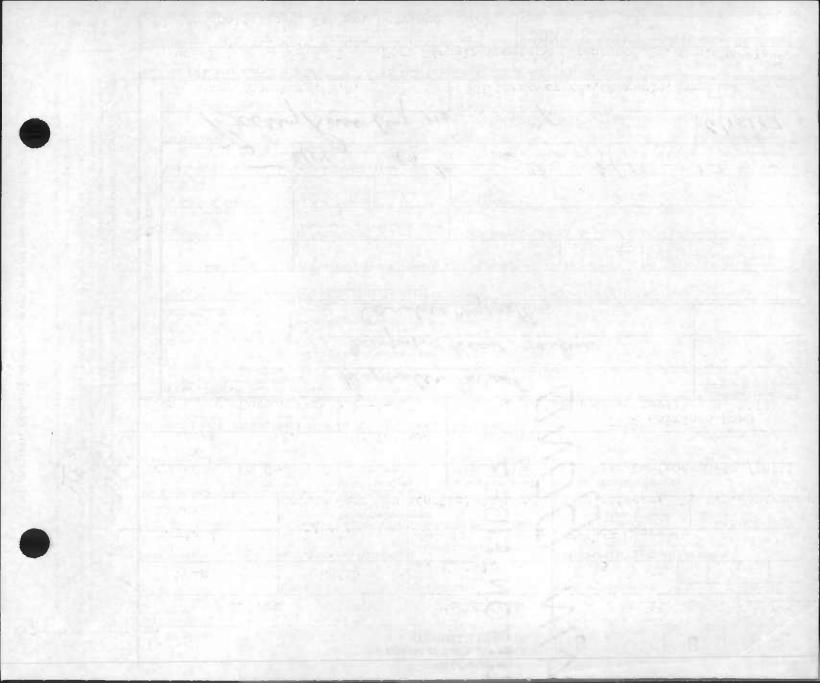
	0.7	REGISTRAR		CERTIF	ICATE OF DEATH	B REG NO	0 0	0 3
9		CEASED NAME FIRST	WIOOFE	· ·	ASI		AONTH DAY YEAR	26 HOUR
9		Robert	F.	ľ	1cClelland	June	15, 1987	11:39A
	3 SE)		RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTH HAT	
Ú		Male	White	May 1	. 1932	55	YRS	
-		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
)		arvland	U.S.A.	WIDOWE	_	Prince Geo	arge!e	MD.
À		TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATIO	IZE KINE	OF BUSINESS OR
	C	heverly	Prince Geor		tal Center	Cable splice		.Governme
3		AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION				GOVERNME
1		vland Pr-Geo	- Albert 1	rortown hian	13d INSIDE CITY LIMITS?  YES ₩ NO □	631 West B		/20711
4		THER'S NAME			15 MOTHER'S MAIDEN NAM	VE NEST DE	ayfront Dri	ve//u/II
)			DDLE	CAST	FIRST	WIDDLE		AST
-	16n W	James VAS DECEASED EVER IN U.S. ARM		Clelland	Margaret 17 INFORMANT	-ADDRES	Rath	
			WAR OR DATES)	// 0655	D 11 D 14 G1	1424	SGarrison F	load
	Y	es Korear	7	44-0655	David P. McCl	elland/Hyat		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for i	o, lb, and	assect		BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		IMMEDIATE	CAUSE (D)	June 10 7		4		
			DUE TO, OR ASA C	ONSEQUENCE OF	Kleat Sa.	leur		
-		Conditions, if any, which gave rise to immediate	(b)	July	Italia In	ucc -		
		couse (a), stating the underlying couse last	DUE TO, OR AS A	ONSEQUENCE OF	4		1 - 14	
			(c)	andre	my operting			
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBU</u>	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART	lo
_	MEDICAL CERTIFICATION					1		
3	ICA	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUSE	OINGS USED
	RTIF					YES NO	YES	NO 🗌
2	S	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MO	NTH DAY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM   8 PART   OR PART 2	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
	EDI	21d INJURY OCCURRED	21e PLACE OF INJUR		21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	The same street, the same					
		22a.1 certify that (1) (this haspite	I) ottended the deceas	ed from// 7	19 70	_, 10_ 6/13	19 F 7	that (1 (we) lost
	-	sow the deceased alive on above. (1) (we) (did not)	6/14	19£7 or	nd that in (my) (now) opinion d	eath occurred on the dat	e and hour and from th	ne couses stated
		226 SIGNATURE	L/		DEGREE		22c DA	ESIGNED
		Harr	3 Kow	Cuy in	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 6/	15/87
T		224 PHYSICIAN'S NAME (TYPE OR	PINTI	-	22e ADDRESS	DIRECTOR   TITISICI		
		Barry Roseni	perg, M.D.		6501 Landove:	r Rd., Chever	rly,Marylar	nd
		URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	6-18-87	Fort Lin	coln Cemetery	Brentwood	Pr. Geo., M	arvland
	24 51	MEDIA DIRECTOR 1 I	T-1 7 1	D	COIN CEMELELY	DI CIIL WOOD	Lit o OCO o st	THE TOTAL OF THE T

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DHMH - 16 60M 7/84 (VRA 15, 4)

9013 Annapolis Road, Lanham, Maryland

BP.



5	STA	TE (	DF M	ARYL	AND	
TMENT	OF	HE/	ALTH	AND	MENTAL	HYGIE

, DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 /	NO.	8	J	ප්	6
MIDDLE	LASI	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b HO	JR'
Jane	McCormick	June 14.	1987			6:1	16 P
	5 DATE OF BIRTH	& AGE (IN YEARS LAST &	RTHDAY)	IF UNDE	RIVEAR	IF UNDE	R 24 HRS
asian	August 2, 1928	58	YRS.	MONING	DATS	MOURS	MIN.
WHAT COUNTRY?	8	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Prince	Georg	e's			W
HOSPITAL, NURSIN CHEACILITY, GIVE STREET		128 USUAL OCCUPAT			KIND O USTRY	FBUSIN	ESS OR

3 SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER	
	pemale	cauca	ısian	Augu	st 2, 1928	58 YRS.	MÜNTIS	DATS	MOURS	MIN.
	IRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	ashington, DC	USA		WIDOWE		Prince Georg	e's			MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING			F BUSINE	ESSOR
L	anham	6704 T	erra Alto	2 Dri	ve	clerk.	g	over	inmer	nt
13a			GIVE RESIDENCE BEFORE 136 CITY OR TOWN  Lanham		136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CON 6704 Terra Alta		ve 5	070	6
	ATHER'S NAME	. Deurige s	Larman		IS. MOTHER'S MAIDEN NA			V C 2	. 0 / 0 0	
	Albert	Winter	Tucke	Z	Mary	Margaret		Oli	iver	
	WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT bus	band ADDRESS				
		ES GIVE WAR OR DATES)	579-30-24	103	Robert W. Mc	Cormick same	as 1	30		
<u> </u>	no				TRODUCE W. MC	COMMICCIC State			ATE NOTE	NA.
	18 CAUSE OF DEATH (En		line to a constant	te	Resmira	Com Fredure	p 10	DWEEH C	MATE PATER	CENTH
	770		R AS A CONSEQUE	NCE OF	A					
	Conditions, if any, which	The state of the s		- 41	· Cours	1				
	gave rise to immedia	te		7	1					
	underlying couse los	1,000,100,00	R AS A CONSEQUE	NCE OF						
		105								
NO	PART 2 OTHER SIGNIFIC	ant conditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN P	ART Ira		
CERTIFICATION	198 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES, WERE			
E E	12 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						res 🗌		NO [	
CER	210. ACCIDENT WAS UNDERLYIN		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PARTIORP	ART 2)		

P.M

21e PLACE OF INJURY

211 LOCATION CITY OR TOWN COUNTY

AT HOME STREET FACTORY, OFFICE FARM ETC ) 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 5/15/87 19 sow the deceased alive on 3/5/87 above, (I) (we) (did) (did not view the body attached). and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED DEGREE MEDICAL STAFF
DIRECTOR | PHYSICIAN | ATTENDING

STREET

22e ADDRESS

19

1234 19th Street, NW Washington, DC 20036

STATE

23d LOCATION CITY OF TOWN 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE burial June 17, 1987 Fort Lincoln

Brentwood Pr George's

The funeral director Francis J. Collins Funeral Home, Inc. Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGNATURE

500 University Blvd., W Silver Spring, MD 20901 JUN 18 1087 (SPECIFY) MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached far use with the State Dept of Heal TO FUNERAL DIRECTOR:

MPORTANT

MEDICAL

21d INJURY OCCURRED

NOT WHILE

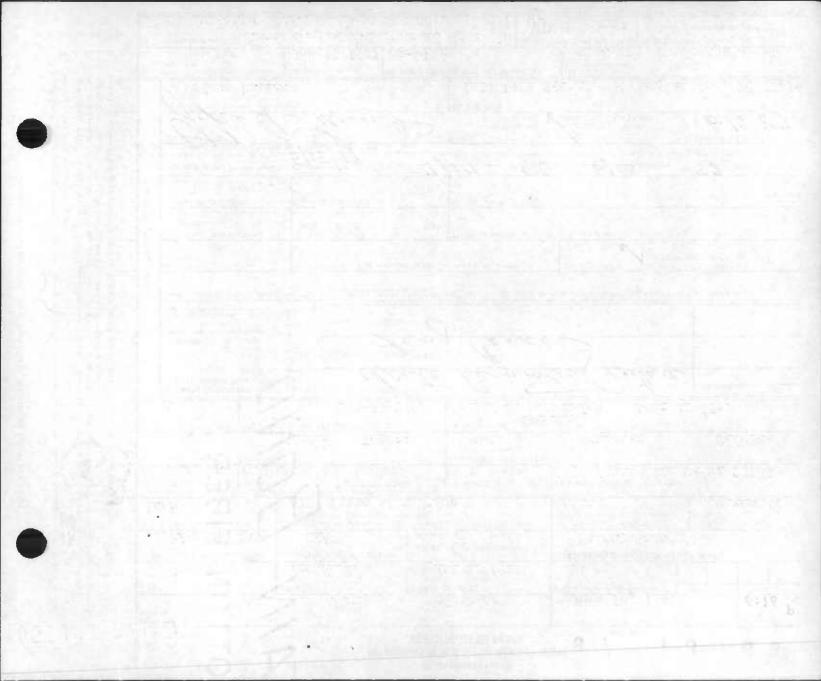
PHYSICIAN'S NAME (TYPE OF PRINT Yleve Larsen

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

FIRST

Mary



	FKA	N CC	MC11040	5,6 8/10/87 NEDADTA		OF MARYLAND	IPAIP		
	//		STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	B / REG. NO	1808/	
7.7	1717		CEASED NAME FIRST	WIDDLE	(/	AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
may be page 3 er death		1	Frances	W.	McDo	ugall	June 8, 1987	7 8:50	PM
	6	3 SE	X	4 RACE	5 DATE O	F BIRTH 1913	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS N	IRS
Page 4 director hours off	10		Female	White	Feb	20, 1919	68 74	YRS.	
h. Po ol di 2 ho	16/1	7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR		
death. funeral thin 72 t	/8 K	1	RhodeIsland	U.S.A.	WIDOWE		Prince Geor		MD.
s after dea by the fune illed within	2 4	, 10 C	Laurel	11 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Greater Laurel B	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Academic C	working LIEE 126 KIND OF BUSINESS INDUSTRA METIC Counselor Univers	añ itv
in 24 having filled in	3/	13a.	STATE 136 COUR	of the rinstitution, give residence before NTY 13t CITY OR TOWN trooms of the cator	N 1	13d. INSIDE CITY LIMITS? YES NO		ZIP CODE nd Pre Road 20906	-
5 5 E	I E	14. F.	ATHER'S NAME	Mr. Winsor		15 MOTHER'S MAIDEN NA		TAST	
comple	130	1	Leonard			Amel		Corp.	
be execution and c	medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (16 YES, GT	MED FORCES?  NE WAR OR DATES)  166 SOCIAL SECU  038-03-62		Patricia A. Mo		esville, Md. 20837 ghter-in-law)	
physicia npapers	went, fin		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (b) BY  TE CAUSE (a)	dia	enic si	rock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH
ding arba	or re		IMMEDIA	DUE TO, OR AS A CONSEQUE	NCE OF	2 ./2	-0		
deatl otten	aum,	1	Conditions, if any, which	( (b) [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	ma	u artery	allslar	1	
of the sy the se remo	ather tr		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF	1			
es th	y, ar		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1 0	=
	in to	NO	Cora	, pheumator	il C	warter			
sn. has been permit.	ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)	
ysició cate ansit	Hyg.	CER	21a ACCIDENT WAS UNDERLYING		YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
ICIA 9 ph ertifi	ot Ed	AL	OR CONTRIBUTING CAUSE OF DE		1 19				
PHYS ending	d Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	ARM, ETC )	211 LOCATION STREET	CITY OF TOW	n COUNTY STATE	
S the state of the	th on arked	~	MHILE NOT WHILE AT WORK			- 0	2		
N O O O	is a			ital) attended the deceased from_	7	7 19 0 /	_, to Mester	. 19, that (It (we)	
ATTE aspite CTO d for	n 21			ot) view the body after death.			death accurred on the dat	e and hour and from the causes stated	1
AL OR the ho AL DIRE	T: If Iter		226. SIGNATURE	Man		ATTENDING PHYSICIAN	DIRECTOR PHYSICI	22c. DATE SIGNED	)
TO HOSPITAL etained by the TO FUNERAL should be det	MPORTAN		22d. PHYSICIAN'S NAME (TYPE OF			8317 CH	TARY CA.	LAURE UN 20	70
D € C €	3 4		BURIAL, CREMATION, REMOVAL	236 DATE 6/10/87 Me	tropo	emetery or crematory litan Cremator	ry Alexandr	ia, Virginia STATE	
	244 7 (0 4			Wheeler Funeral	Home	Inc. 250 DAT	E REC D BY REGISTRAR 2	A RECUSTED AS CHEMATORE	_
DHMH - 16 6 (VRA 15			1331 Rockville P	ike, Rockville, Md.	2085	2	NN 1 2 1881	0	
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		November 1 1 to 18

## STATE OF MARYLAND

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058549 JUL	-0-	FQR SYATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	! 8	3 1) 8	3 8
noy be poge 3		CEASED NAME	FRANC	IS	W.		ENTEE MCENTEE	20 DATE OF DEATH	06-26	-87	26 HOUR 11 :30 <sup>A</sup>
ctor. poc	3 SE	Male		4 RACE Caucas	sien	Sept	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS	ON'HO DAIS	IF UNDER 24 HRS
reach. Po		RTHPLACE (STATE ORI	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	PRINCE GEO	_		MD.
The first fi		TY OR TOWN OF DEA	ATH	PRINCE	HOSPITAL, NURSIN		ITAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY US GO	F BUSINESS OR
ND 212	130 5	AL RESIDENCE (IF NURS STATE .ryland	136 COU	COTHER INSTITUTION NTY	Bladenst	N	13d INSIDE CITY LIMITS? YES MO [	13e STREET ADDRESS 4202 52nd		20710	
MARYLA ded within		THER'S NAME FIRST Harry		WIDDLE	McEntee		IS MOTHER'S MAIDENNA FIRST Emily	MIDDLE		Murr	
BALTIMORE cate he execu- spert. Page wal.		VAS DECEASED EVER VES NO OR UNKNOWN) YES	(IF YES GI	MED FORCES? VE WAR OR DATES)	578-38-5		Catherine S.	McEntee a	same as		MATE INTERVAL
equies that the death certi- is ugoed by the attending p Their please remove carbon to buriol, cremation, or sen- injury, or other fraumatic ev-	CERTIFICATION	PART 1. DEATH WAS CAUSE BY  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause o1, stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  AND THE MARKEST  DUE TO, OR AS A CONSEQUENCE OF MYDICAR IN PART 1 to  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
DIVISION OF VITAL RECORDS, ING PHYSICIAN. THE relationship of the buriol-frontship os the buriol-frontship on Mentol Hygins principle or ked or life.		190 DATE OF OPENA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
ON OF VITA  THYSICIAN: TI dring physici is certificate burnal-fronsi		210. ACCIDENT WAS UNI	CAUSE OF DE			Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
IVISION O  Offending  ter this cert state buriol h and Menti	MEDICAL	21d INJURY OCCUR			OF INJURY REET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OF TO	7	COUNTY	STATE
OR ATTENDO e hospitol or DIRECTOR A ched for use Dept of Heal		220. I certify that (1) saw the deceas obove, (1) found to 22b. SIGNATURE	ed alive or	26 Ja.	re 198719		nd that in (my) (my) aprinon  DEGREE  ATTENDING PHYSICIAN	death accurred on the d	FF		
ro Hospital elioned by the TO Funeral by the Store with the Store MMPORTANT: It		22d PHYSICIAN'S N.	AME (TYPE C	PRINT) HWALT	=, M.P.		7500 Hanev	er Pkuy Myo		enbett,	MDSOFFE
BP		Burial, CREMATION, SPECIFY) Burial	1	JUNE 2	9,1987 Ft	. Lin	emetery or crematory	23d LOCATION CITY OR TOWN Brentwood	Pr.	George	state state
DHMH - 16 60M 7/B4		NERAL DIRECTOR	Learn		16000 Ann		s Road	L 02 1987	ZIB. KEGIŞİR	MI S SIGNATI	modelle.

Bowie, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Beall Funeral Home

THE PARTY OF THE P The Chart I was a second some some 16 Tow 1879 25 To 30 Tow 1870 Colombia and state CITED THE NAME AND ADDRESS OF THE PERSON 
may be

within 24 haurs after death. Page 4

certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

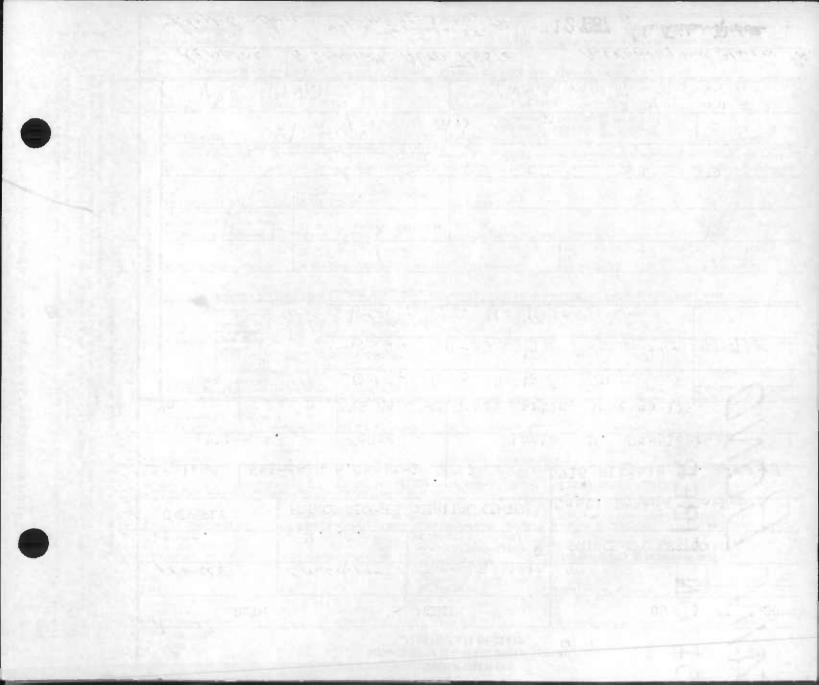
BP

DHMH 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

1 DI			CERTIFICATE OF DEATH	REG. NO.
(1At	PE OR PRINT) RUTH	WIDDLE	MCGEE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 6 30F
3 SI		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 23 HR
11	FEMALE	CAUCASIAN	Jan 5 1915	
70 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES COUNTY
	CHEVERLY	11. NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY GIVE STREET PRINCE GEORGES	NG HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Capt. Rescue Worker
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	Hts. 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE
		nce Geb Capito	Ol YES NO	1716 Ritchie Rd. 20743
S / 14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE LAST
()()	William A.	. McGee	Minni	le M. Bartlebaugh
16a	WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS
Ded /		ve war or dates) 579 84	0696 Grace Mar	tin Same as 13E
1	No	nly one couse per line for (a), (b), on	00001 01 00 0	APPROXIMATE INTERVAL BET WEEN ONSET AND DEAT
rtraumat	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	110 .0011	VE PULMONARY DISPAPE
y, ar athe	couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(0) 0 . 13 . 1 . 1	INESTINAL IS	LEED NG
ATION	underlying couse lost.	CONDITIONS CONTRIBUTING TO	INESTINAL IS	MINAL DISEASE OR CONDITION GIVEN IN PART To
haws any injury, or athe	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 1	TNESTIMAL IS  DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
18 shaws any CERTIFICAT	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITION'S CONTRIBUTING TO I	TNESTIMAL IS  DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR 216 HOW INJURY OCCU	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
rked or Item 18 shows any injury, arathe	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITION'S CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
Item 18 shaws any	UNDERLYING COUSE IDST.  PART 2. OTHER SIGNIFICANT IN IDEA OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE  21d. BUJURY OCCURRED  WHILE NOT WHILE OF THE COURT	CONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH D. P.M.  216 PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  212 and that in (my) (our) opinion	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NON YES NON THE NATURE OF INJURY IN ITEM 18 PART OR PART 2)  CITY OR TOWN  COUNTY  STATE  to 19 to the dote and hour and from the couses stated
: If hem 21 is marked ar Item 18 shaws any MEDICAL CERTIFICAT	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I	THESTING  DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
: If hem 21 is marked ar Item 18 shaws any MEDICAL CERTIFICAT	UNDERLYING COUSE IDST.  PART 2. OTHER SIGNIFICANT IN IDEA OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE  21d. BUJURY OCCURRED  WHILE NOT WHILE OF THE COURT	CONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  MY  ATTENDING  PHYSICIAN  1220 ADDRESS  BLAGE	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO SEED IN CERTIFYING CAUSES OF DEATH.  YES NO SEED IN CERTIFYING CAUSES OF DEATH.
MPORTANT: If Item 21 is marked or Item 18 shows any MEDICAL CERTIFICAT	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO FEED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)  CITY OR TOWN  COUNTY  STATE  MEDICAL  STAFF  DIRECTOR PHYSICIAN  220. DATE SIGNED



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	TCATE OF DEATH	REG. NO	0			
1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	2 2b HOUR		
JOHN	JOSEPH	McGIN	NNIS, Jr.	June 11, 19	987	6.82 7		
3 SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 74 HRS. A+5 HOURS MIN		
Male	Caucasian		6, 1930	56	YRS	NOOKS MIN		
TO BIRTHPLACE TO ATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	DXXNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	4		
Washington DC	U.S.A.	WIDOW		Prince Geo	rge's	MD		
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	170 USUAL OCCUPATE		ID OF BUSINESS OR		
Lanham	Doctors Hospi	tal		Accountan		. Gov't.		
USUAL RESIDENCE (IF NURSING HOME CITY IN STATE 136 COL			134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
	nce Geo. New	Carrollt		6509 Inlet	Street 20	784		
14 FATHER'S NAME	MIDDLE		15 MOTHER'S MAIDEN NA	ME		LAST		
John J			Mary	Eleanor		Rae		
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL S	SECURITY NO	17 INFORMANT	ADDRE	SS			
1/ 1		4-0608	Mary R. Mc	Ginnis, Sam	e as Line	#13		
18 CAUSE OF DEATH (Enter of	only one cause per line far ia , lb	and c			BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH		
PART I. DEATH WAS CAUS	ATE CAUSE (a)	Nobra	MARKE	elmoto		1 KgR/		
Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF	Marrier 2	à corox	Wind a	201.		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI							
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	N FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FIND IN IN CERTIFYING CAUSES (				
OR CONTRADUCTOR CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	2)		
VILLE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE FARM, ETC }	211 LOCATION STREET	CITY OF TO	wn COUNTY	STATE		
uns the despoint alive a	not) view the bady after death		nd that in (my) (aur) apinion	death occurred on the do	19	, that (I) (we) last the causes stated		
ME SIGNALIME	3-		DEGREE			ATE SIGNED		
1	re	7	ATTENDING X	MEDICAL STAP	IAN 06-	-12-87		
27d. PHYSICIAN'S NAME (TYPE			77e ADDRESS		20	706		
Andres C. Lar	a a		9326 Lanham	Severn Koa	u, Larmain	, wu.		
230 BURIAL, CREMATION, REMOVA Cremation 24FRANCIS GASCI	June 12, 198	7 Metro	EMETERY OR CREMATORY  politan Crema	23d. LOCATION CITY OR TOWN	ndria, Vir	ginia		

4739 Baltimore Ave., Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept of Health and Mental Hygiene prior to burial, crematian, or remaval.

retained by the haspital or attending physician.

BP.

injury, or other troumatic event.

MPORTANT: If Hem 21 is marked of

FOR STATE

Rome Carellin His michella

	STATE OF MARTLAND					
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN					
STATE	CERTIFICATE OF DEATH					

Sept. 16, 1922

REG. 1	NO.				-	
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR		
	June	27,	1987	6:0	Oa .	
6 AGE (IN YEARS LAST B				FUNDER		
64	YRS	ESN'S	ZHI	PIN, UH	MIN.	

-				
70	BIRTHPLACE	416	CHECRE	100

Female

Maryland

DECEASED NAME

3 SEX

76 CITIZEN OF WHAT COUNTRY?

6603 Farmer Drive

MARRIED X NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Prince George's

O CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

McMahan DATE OF BIRTH

> 20 USUAL OCCUPATION 12h KIND OF BUSINESS OR home

Ft. Washington

USUAL RESIDENCE (IF NURSING HOME OR OTHER IN TIT. FOR THE PETICENCE BEFORE ADMISSION)

n/a

4 RACE

Caucasian

U.S.A.

Catherine

13d INSIDE CITY LIMITS? PrinceGeorge's Ft. Washingtons No X

3e STREET ADDRESS / ZIP CODE 20744 6603 Farmer Drive

Maryland 4 FATHERS NAME

Hancock

Julia 17 INFORMANT (husband)

ADDRESS

Wood

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO. 577-18-2268

Robert C. McMahan

same as 13 a-e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for o b and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE a) gove rise to immediate couse o stoting the underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
LIF EITHER NOTIFY MEDICAL EXAMINER)
214 INTHIBY OCCUPRED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NA" RE OF INJURY IN ITEM 18 PART OR PART

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME STREET FACTORY OFFICE FARM ETC |

211 LOCATION

CITY OF TOWN opinion death occoured on the date and hour and from the causes stated

DEGREE ATTENDING & PHYSICIAN 22e ADDRESS

and that in (m

DIRECTOR PHYSICIAN

230 BURIAL CREMATION REMOVAL

234 NAME OF CEMETERY

Cedar Hill Cemetery

Suitland,

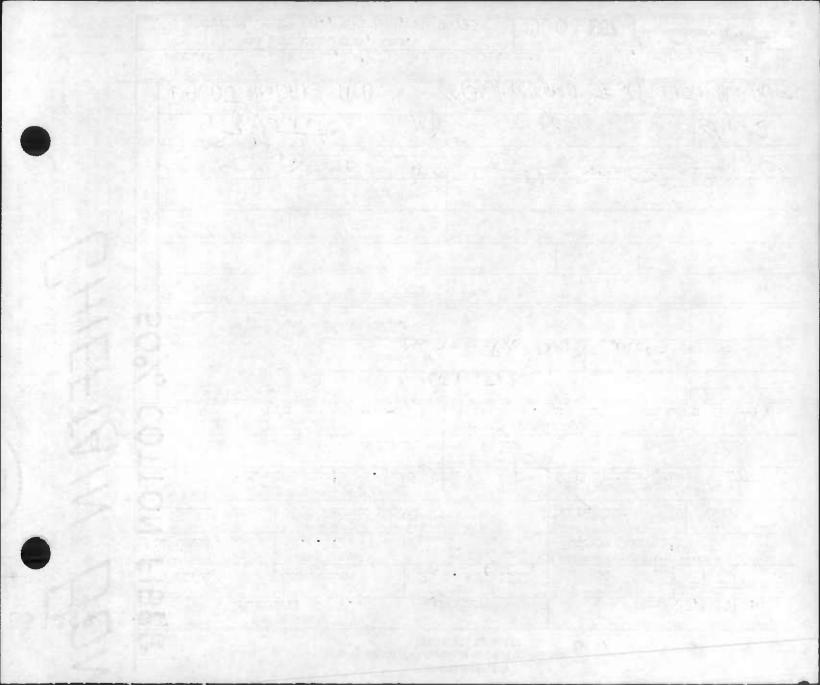
PrinceGeorge's

DHMH - 16 60M 7/84

June29,1987 Burial

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Rd., Clinton, MD 20735

FUNERAL Indicate of the State



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	September 1	8	U	4	
OFDEATH		DAY	VEAD	Tak MOIII	

ш	-19	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.	0 0	, 0
- 1		CEASED NAME	FIRS?		AIDDLE	i.	AST.		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	TYPE	E OR PRINT)	ovd	F	dward	Ma	Phear	con		6	29 87	845 PM
	3 SE		-	4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF JNDER YEAR	IF NER JOHR
	I	Male	100	White		Feb		908	7	9 YRS	ALCONO MI	HOURS MIN.
-		RTHPLACE ATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER		9 BALTIMORE CITY	R COUNT	Y OF DEATH	
		ashington	DC	US	A	WIDOWE		NORCED T	Prince G	eorg	е	MD
7		ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUPAT	ON	12b KIND C	F BUSINESS OR
(2)	0	Clinton		Southe	rn Mary	land	MED (	Center	Division	Chie	I Libr	ary of
62	130 S Ma	ALRESIDENCE IF NORS STATE  ATYLAND  ATHER S NAME  LOVD	Pr	Geo	GIVE RESIDENCE BEFOR  13c. CITY OR TOV  Suitlar  McPhel	nd SR	YES T	NO SMAIDEN NAM			d Road	0746
2		-		ard					ADDR		T	
		NAS DECEASED EVER YES NO OR UNKNOWN)		E WAR OR DATES)	113 32	5681	Audre		cPhearson		ame as	#13
		Conditions, if ony, which gove rise to immediate couse to. storing the underlying couse last  Due to. OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO							years.			
2	CERTIFICATION						OPERATION WAS PERFORMED 20			200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C		
7	MEDICAL CEI	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEA	177	M. MONTH D	AY YEAR 19	21c HOW IN		ED LENTER NATURE OF INJU	RY IN ITEM 18	PAR 'ORPARI?	
	ME	AMILE NOT WHI		(AT HOME STR	EET FACTORY OFFICE	FARM ETC 7						
		220 1 certify that (I saw the decease obove, (I (we (d	4/29	19	\$7_, or	7 / l id that in (my)	(aur) opinion d	eath occurred on the d	ote and ho		that (I) (we) lost couses stated	
		226 SIGNATURE William Chris						PHYSICIAN N	MEDICAL STA		27c. DATE	
		William		1/	M.D.		22e ADDRES 4311	Branch	n Ave Te	mple	Hills	, MD.
		BURIAL, CREMATION, P (SPECIFY) Burial	REMOVAL	23b DATE 2July			emetery or ngton		23d LOCATION CHYOR TOWN TAL CEMET	ery	Suitla	and PG

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burnol-transit permit. Then please with the State Dept of Health and Membal Hygiene prior to burnol committee.

TO HOSPITAL OK ATTENDING PHYSICIAN. The low etoined by the hospitol or ottending physician.

BP.

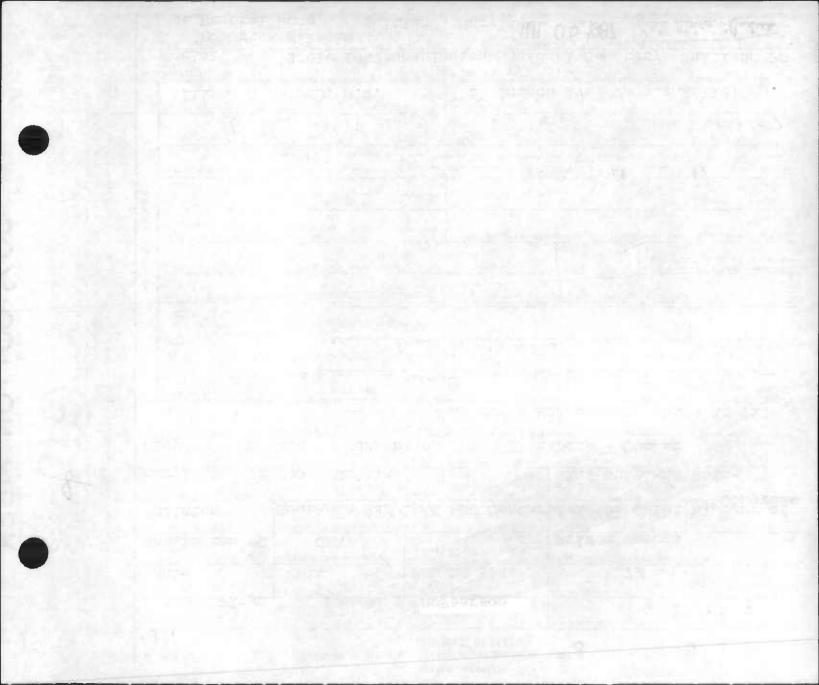
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or on

FOR

funeral director page 3 thin 72 hours offer death

24 FUNERALDIRE ROBert E Wilhelm

ADDRESS
Suitland, Maryland 0 1887 Julia Nordon Par Julia Dividson Rudalle Funeral Home

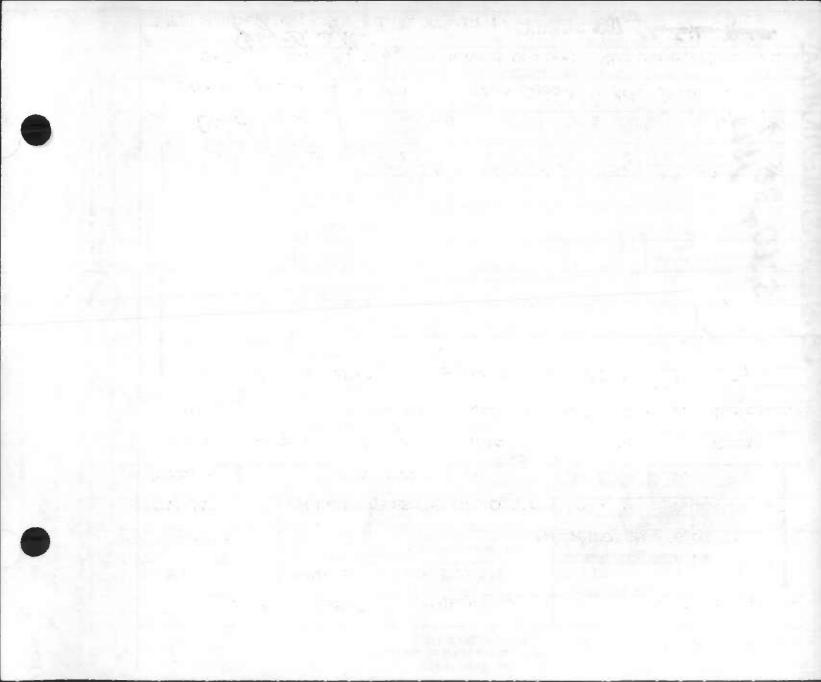


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DHMH - 16 60M 7/B4

(VRA 15, 4)

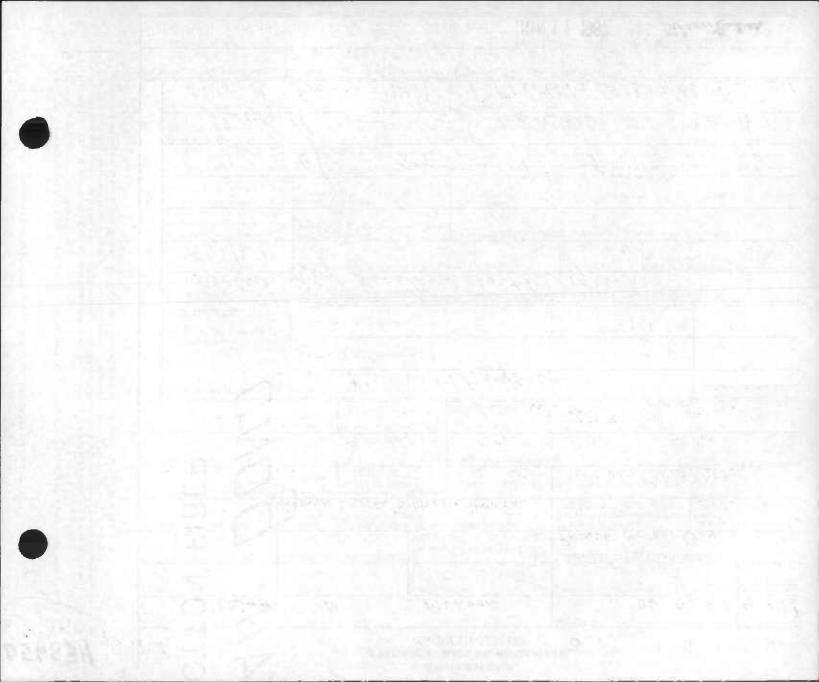
ap.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 1 8 U 9 4  CERTIFICATE OF DEATH  REGISTRAR  CERTIFICATE OF DEATH									
	CEASED NAME FIRST		AIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	MARY		RRIS		ILLIAMS		06 19		9:34PM	
3. SEX	Female	4 RACE Whi	te	June	6, 1914 YEAR	6. AGE TIN YEARS LAST BIRT	YRS IF U	HS DAYS	HOURS MIN.	
76 BIRTHPLACE , MATEOR FOREIGN 76 CITIZ West Virginia			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GE			MD.	
2	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A E GEORGES	(DDRESS)	PITAL CENTER	120 USUAL OCCUPATK		zb KIND OF NDUSTRY Restau	rants	
130 S	AL RESIDENCE (IF NURSING HOME COL STATE 136 COL irginia		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Winches	ter	13d INSIDE CITY LIMITS?	96 Molden	1999			
14/FA	THER'S NAME	ancis	Harris		15 MOTHER'S MAIDEN NAMED TO BE SELDA	Silber		Harr	ris	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE				
(,	VES, NO OR LINKNOWN) (IF YES G	234-10-5241			Jeanette Gross, 96 Molden Dr., Winchester, VA					
NO	PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N PART I (O	+ ro	
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WI IN CERTIFYING YES			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	AIII	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I	OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY BEET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	226   Certify that (1) (this hospital) attended the deceased from							ouses stated		
	BURIAL, CREMATION, REMOVA SPECIFY) Burial	- 0			ed Heart Cemet				nia 22601	
	INERAL DIRECTOR FFIN FUNERAL	B, CAS	ON BRIDGE	, WV	26711 JUN	226 1987.	sh registrar	S SIGNATU	Real Property of the Parket of	



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	I I	REGISTRAR			CERTIF	ICATE OF DEATH	O / REG. N	0 ! 0	U	7 3	
1		CEASED NAME FIRST		MIDOLE	M	AST	20 DATE OF DEATH	MONTH OAY	YEAR	2b HOUR	D
1		LILLIAN	/V	1.	,	ERSON		06 06		-	7 M
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	RTHOAY) IF I	INDER YEAR	HOURS A	MIN
		<i>female</i>	whit	ie .	Till	Ly 25 1907	85	YRS			
-		RTHPLACE PLEATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
		Maryland	u	SA	WIDOWE		PRINCE G	eurce Co	UNTY	,	MD.
7	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS	OR
		Laurel	GREATER	1	eltsvil	lle Hospital	cafeteria			schoo	ol
0	USUA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
	Ma		.G.	Laurel		YES X NO	10 River	view Ct.	2070	7	
	14 FA	THER'S NAME	WIDDLE	AACT		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
V		August Lew		Wossowski		Emma	Jane	Kru			
7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	OLOI Pali	ESS A			
	[4	NO	213-05-8	-8325 Phyllis Mills Laarel, Marylo				20707			
		18 CAUSE OF DEATH Enter of	nly one cause per	line for (a), (b), and	dickl	. 1 - 1	,			MATE INTERVAL DNSET AND DEA	ATH
		PART I. DEATH WAS CAUSE	EĎ BY: TE CAUSE (0)	Myst	unde	al inferce	_				
	/	287		R AS A CONSEQUE	NICE OF						
		Conditions, if any, which	DOE 10, 0	R AS A CONSECUE	INCE OF						
9		gave rise to immediate couse (a), stating the	2015 10 0	R AS A CONSEQUE	NCE OF					JE II	
1		underlying couse lost									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									_
	NO O	roseut	Mar	o Krac	lur	o with	repair				
/	CERTIFICATION	190 DATE OF OPERATION	196 CO/10	TICAL VHICH	OPERATIO	N WAS PERFORMED	My AUTOPSY?	20b. IF YES, W			
2	TIFIC	5/22/17	1				YES TO NOTO	IN CERTIFYIN	G CAUSES	OF DEATH?	
	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME C		21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE			RY IN ITEM 18 PART	ORPARI 2)		
7		OR CONTRIBUTING CAUSE OF OF	AIR	M. MONTH DA	Y YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE			21f LOCATION			75		_
	ME	WHILE NOT WHILE AT WORK	(AT HOME STI	REET FACTORY, OFFICE F	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE	E
9		22a.1 certify that (I) (this hosp	ital) attended th	e deceased from		1084	10 MESE	20 19		that (i) (we)	lost
		sow the deceased alive or	-616	19.	10)	nd that in (my) (aur) opinion d	leath occurred on the d	ate and hour on			
7		abave, (1) (we did (did no	at view the body	after death		DEGREE			22c. DATE	SIGNED	
		1/11	11/	10-		ATTENDING ,_	MEDICAL STA		616	15	
-		22d PHYSICIAN'S NAME LIVE	OR PRINT)	-		22e ADDRESS	DIRECTOR PHYSIC	JAN []	010	10	
		LUIS A	PASA	15 W	11)	8317 CHE	MRY CA. U	AURE	(m)	2070	7
		URIAL, CREMATION, REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(	burial	June 9	.1987 St	. Paul	's Lutheran	Fulton	00	M.	d	c
		INERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAP	25h REGISTRAT			
	Vo	naldson Funera	e Home P	.A. Laure	l, Mar	yland JUN:	1 1 1987 4	lia Davida	m. Kans	lass	

DHMH - 16 60M 7/84 (VRA 15, 4)



ector, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE	DEP		EALTH AND MENTAL HYG	0 /	8	3 9	Ó
H	REGISTRAR  L-DECEASED NAME FIRST	MIDDLE		AST	REG. NO	H DAY	YEAR 2h H	HOUR
	(TYPE OR PRINT)							
l,	Mary Mary	Elizabeth 14 RACE	MIC 5. DATE C	CHAELS	June 14,1			28 A M
1	FEMALE	WHITTE	NOV	DAY YEAR	50	YRS	DATS HOU	
7	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY2 8		9 BALTIMORE CITY OR CO		ATH	
	PUERTO RICO	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Prince Ge	orge's		MD.
4	Lanham	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S DOCTORS HOSP	TREET ADDRESS)	Pr. Geo. Co.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK NURSING AID	KING LIFE) INDL	KIND OF BUS USTRY NURSIN	
			TOWN	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP 4403 ROMLO		£203, 1	20705
	ALFRED DO	ORANCE CHICK		DOROTHY	WIDDLE	H.	ART	
1	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRESS			
L	NO (IF YES, GT	567-38	8-8564	KATHERYN C.	MICHAELS (S.	AME AS	APPROXIMATE I	- 11 3/
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSI	TO DEATH BUT	Phonyay ,	4 Tongue 200 AUTOPSY? 20h INC	IF YES, WERE CERTIFYING C	FINDINGS U	EATH?
			DAY YEAR	21c. HOW INJURY OCCURR	YES NO RED (ENTER MATURE OF INJURY IN IT	YES		
	OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE ATWORK ATWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, EARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COU	NTY	STATE
	220.1 certify that (1) (this boxp sow the deceased glive or above, (1) (ye) (did no 22b SIGNATUR	of) view the body ofter death.	19 <u>87</u> , pr	DEGREE ATTENDING	deoth occurred on the dote on	234		-91118
	228. PHYSICIAN'S NAME (TYPE O	72d. PHYSICIAN'S NAME (TYPE OR PRINT)		220 ADDRESS 7100 Bultino	Aur 421 C	ollege V	ah h	1d20748
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	236 DATE 6-15-1987	EMETERY OR CREMATORY  CREMATORY	23d LOCATION CITY OF TOWN RIVERDALE	P.G.		Md.	

RIVERDALE, Md. 20737

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked an

24 FUNERAL DIRECTOR
W. CHAMBERS CO.

	The property of the Park Control of the Control of	
	The real of the common the common terms of the	
		e tribe
		4:1119
	The continue to the part of the second of th	
le l		
	A STATE OF THE STA	

WheroI director, page 3 hih 72 hours ofter death

Poge 4 moy be

STATE OF MARYLAND

DEPA

RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES	1	REG. NO	a sergens	8	Ü	9	1
A ATT HETON	2a DATE	OF I	DEATH	MONTH	DAY	YEAR	2b	HOU

UNI I	718	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HY	GIENE REG. NO	09/
		CEASED NAME DORIS	MARTE	4/LUS	BURN	20 DATE OF DEATH MONTH 6	2/87 629 PM
	3 SE)	X	4 RACE	5 DATE C			FUNDER   YEAR   IF UNDER 24 HRS
1	7 F	FEMALE	CAUCASIAN	NOV.	25, 1913	73 YRS	ONTOS DATS POURS MIN.
14/		RTHPLACE TATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
10 10	WA	SHINGTON, D.C.	U.S.A.	WIDOWE		Prince Georg	gec Co. MD.
1	C	Inton	11. NAME OF HOSPITAL, NURSIN SOUTHERN JUNEAU STREET	Plary	land Hosp	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE
15	130 S MA	ARYLAND ST.	OTHER INSTITUTION GIVE RESIDENCE DEFORE  TY 134 CITY OR TOW  MARY'S MECHANICS	'N		RT. #1, BOX 414	20659
8/	14.FA	THER'S NAME FRANK BEN	NJAMIN HAVENS	S	CORNELI	MIDDLE	DODGE
lico		VAS DECEASED EVER IN U.S. AR	MED FORCES? IS SOCIAL SECU	IRITY NO.	17 INFORMANT	RT. ADOPTS, BOX	414
med		NO	229-32-	9673	PATRICIA GO	DWIN, MECHANÍCSVI	LLE, MD. 20659
event, the			ly one cause per line for 101, (b), one D BY:  E CAUSE (o) CAUSE	lesp,	majory for	nure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
roumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR ASA CONSEQUE	NCEOF	enc Anedy	oftm. E	48°
r other t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	failure	J	
injury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT	hed ce	AMAL DISEASE OR CONDITION GIVE	N IN PART I O
ws ony	CERTIFICATION	19a DATE OF OPERATION	ANGIC A	Λ	WAS PERFORMED.		WERE FINDINGS USED ING CAUSES OF DEATH?
18 3		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	FILL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
ed or It	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mort		22a I certify that (I) (this hospi	tol) ottended the deceased from	49	19 (my) (our) opinion	to 12, 1 deoth occurred on the date and hour	9 that (I) (we) last and from the couses stated
T. If Item		2Th SIGNATURE	I new the body after death.	4	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF B DIRECTOR   PHYSICIAN	22c. DATE/SIGNED
AA		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1	22e ADDRESS	of Da	
MPORTA		Gary Gre	over MI)		1301 Su.	rais El Oli	n to 11 Md
- *		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-	_	BURIAL	6/16/87 AR	LINGTO	ON NATIONAL	ARLINGTON, ARL	INGTON, VA.
7/84		UNERAL DIRECTOR	ADDRESS	DIVIDA	- 11	TE REC'D. BY REGISTRAR 256 REGISTR	Deviden Pendale
}	EL	JWAKU N. BKINSE.	IELD, JR., LEONAI	KDIOM	V, MD.	11 10 1901 1900	Daniel V. Vanner

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

Brown State of

056144

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	ILENE 8 / REG. NO.	8 0 9 8
(A)	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
HCHENKO	6-4-87	11:25 <sup>P</sup> <sub>M</sub>
DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF N ER YEAR IF NOER AME
6 22 07	79 YRS	ACPUIND BATS HOURS MIN
MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
IDOWED DIVORCED	PRINCE GEORG	ES COUNTY MD.
CAND HOSPITAL	IZO USUAL OCCUPATION  LET PE OF WORK FOR MOST OF WORKING LIFE  Retired	126 KIND OF BUSINESS OR INDUSTRY Machinist
AISSION) 13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 4103 Norcross S	t. 20748
15 MOTHER'S MAIDEN NAM	WE	LAST
Maria		nknown
NO. 17 INFORMANT	ADDRESS	
l6 Klavdia Mish	chenko same as :	item 13
DIOPULMONAR	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2.010-1011	1	

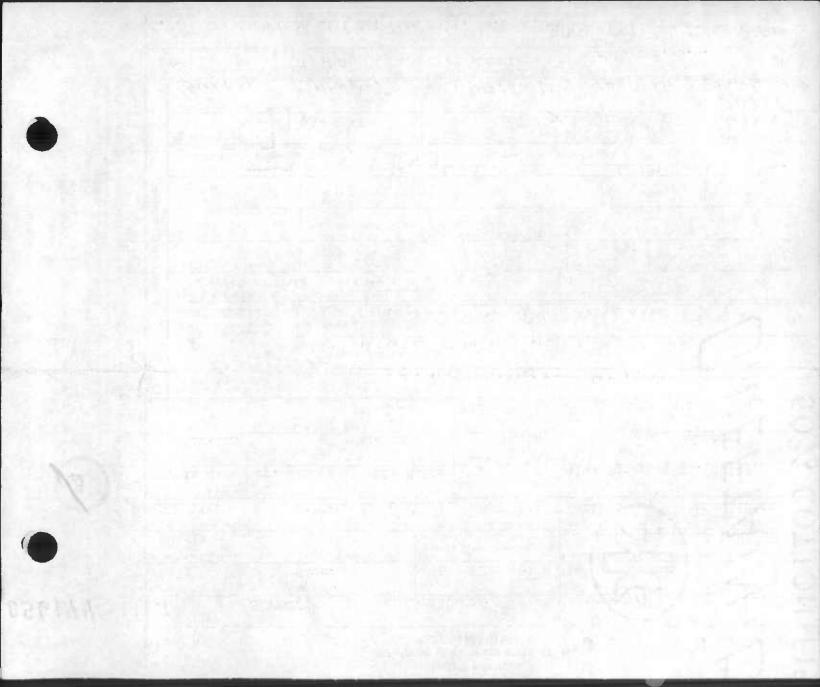
			RII	Middel		· ·	A		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
-10	167	S S	ERGIJ		MIS	SHCH	ENKO		6-4-87			1:25Pm
	3 SEX	<	4 RACE			5 DATE C			6 AGE IN YEARS LAST BE	PTHOAY)	IF NER YEAR	IF NOER 4 HR
	25	ale	Cau	С.		6	22	07	79	YRS	MONING BAIS	HOURS MIN
V	la Bi	RTHPLACE TE UN FORE	75 CITIZE	N OF WHA	T COUNTRY?	8 MARRIE	D X NEVERMA	RRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1		ussia	US.	A		WIDOWE		RCED	PRINCE	GEOR	GES COL	JNTY MD.
11	10 CI	TY OR TOWN OF DEATH	11. NAA		TAL, NURSING		OR OTHER INSTITU	NOITU	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
80	1	INTON		JTHER	N MARY	ZLAN]	HOSPI	TAL	Retired	OF WORKERO (	Machi	nist
35	10 S		COUNTY Geor	13c	CITY OR TOWN		138 INSIDE CITY	LIMITS?	13e STREET ADDRESS 4103 Norce	ross S	St. 2074	8
11	H FA	THER'S NAME			LAST		15 MOTHER'S M		AE .			
06	1	Markian	MIDDLE	M-	ischenk	0	Ma	ria	MIDDLE	T	Jnknown	
1		VAS DECEASED EVER IN L		CES? 166	SOCIAL SECUR	_	17 INFORMANT		ADDR		JIII OWII	
		no	YES GIVE WAR OR D		84-26-42	216	Klavdia	Mish	chenko sar	ne as	item 13	
	Z	Conditions, if ony, wh gove rise to immedicause o stating underlying couse in PART 2 OTHER SIGNIFIC	CAUSED BY MEDIATE CAUSE  DUE sich ofte the post  CANT CONDITIO	to, or as  to, or as  to, or as  to, or as	ACONSEQUENT A CONSEQUENT OR	R D 10  NCE OF  NCE OF  I A R.	NOT RELATED TO	DIAL	INFAR	CTION	v	MATE INTERVAL INSET AND DEATH
1	CERTIFICATION	190 DATE OF OPERATION			FOR WHICH C		N WAS PERFORM	NED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	IGS USED OF DEATH?
9	MEDICAL CERT	21d. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	E OF DEATH HOI	P.M.	MONTH DAY	19	21f LOCATION		YES NO	IRY IN ITEM 18		NO []
	ME	WHILE NOT WHILE	(AT HO	OME STREET, FA	ACTORY OFFICE FAI	RM, ETC	STREET		LITY OR TO	)WN	COUNTY	STATE
		sow the decessed a obove, (I the fold):	live on the not view the	body ofter	19		DEGREE	ENDING	eath occurred on the d	FF	1	
1		320 PHYSICIAN'S NAME GUABOX	(TYPE OPPRINT)	7 SHN	ani		22e ADDRESS 8926	· W	ordyAD	LD	Olin	735 mp
		urial, cremation rem irial	OVAL 236 DA		23c N/		ek Cemet		23d. LOCATION CITY OF TOWN Washingt	on, D	· C ·	TATE
		INERAL DIRECTOR						250 DATE	REC'D BY REGISTRAR	25h REGIST	TRAR'S SIGNATU	IRE .
	G.	P. Kalas 616	0 0xon I	Hill F	Rd. Oxor	n Hil	1, Md.	Jl	JN 9 1987	Julia	Dividen- k	andals

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physishould be detached for use as the burial-transit permit. Then please remove carbompage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remave. IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician. FOR
- STATE
REGISTRAR



DEPARTMENT O

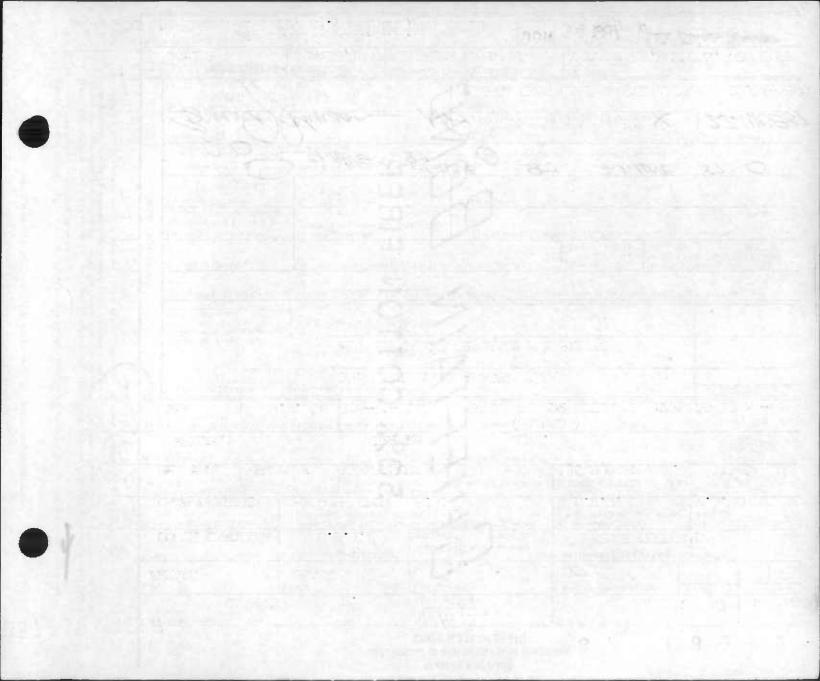
OF HEALTH AND MENTAL HYGIENE TIFICATE OF DEATH	8	REG. NO.		8
---	---	----------	--	---

	122	REGISTRAR			CERTIF	ICATE OF DEATH	Ö /	10.	8 0	7 7
		CARMENA	1	H.	MITC	A SANDERS HELL		JUNE 21	87	8:36 am
ı	FE FE	MALE	BLACK		5 DATE C		6 AGE (IN YEARS LAST BE		INDER I YEAR	HOURS MIN.
1	C	OUNTRY) COUNTRY) COUNTRY)		vhat COUNTRY?	MARRIE:	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF PRINCE	GEORGE		MD.
100		TY OR TOWN OF DEATH  SPRINGS	( IF NOT IN SUCH	OSPITAL, NURSING FRACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		INDUSTRY	HOSPITAL
7	13a S	AL RESIDENCE (IF NURSING HOME OF TATE  YORK  THER'S NAME	VTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN WYANDANCE	4	13d INSIDE CITY LIMITS?  YES NO NO	130 STREET ADDRESS 186 BOOKET		999	98/
Ø	8	MALCOLM	MIDDLE	HALYAI	RD	FIRST UNK.	MIDDLE		LAS	
3			MED FORCES?	125-16-52		HUGHES ROBE	and) ADDR RT MITCHELI		AS 13	a - e
	/	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	D BY:  (E CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR	CARDIOPUL AS A CONSEQUE BLADDER C	MONAR ANCER NCE OF	PROBABLY MET				I (AVERTIE INTERNALI)
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT (				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN	NGS USED
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEALER NOTIFY MEDICAL EXAMINÉE	P.A	a. month da a.	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJ.	IRY IN ITEM 18 PART	I OR PART 2)	
	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		22a L certify that (I) (his hosping with the receipts allow on obtain (I) from that she had not the SIGNATURE.	21.16	NE 19 5	37 11	ATTENDING	MEDICAL STA	late and hour a		
1		BRIAN D. 20188	IN, Capt. USAF.	MG	1411	22e ADDRESS MALCOLM GROW			, MD 2	0331-5300
	23a B	URIAL, CREMATION-REMOVAL	Al AlegadeCent	01 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	D. CVIII	Shrit	TALALETZ AND

Burial June26,1987 CALVERTON NATIONAL

Old Alexander Ferry Rd., Clinton, MD 20735 (VPA 15. 4)6633

AMITYVILLE, SUFFOLK, NEW YORK



DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

MITCHELL

MARRIED NEVER MARE

and that in (my (aur

DEGREE

NAME OF CEMETERY OR

5. DATE OF BIRTH

WIDOWEDD

HOSPITAL NURSING HOME OR OTHER INSTITUT

CITY OR TOWN

166 SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORME

REG. NO.

2b HOUR

5:05pm

20 DATE OF DEATH MONTH

June 11, 1987

BIRTH	6 AGE TIN YEARS LAST BIRTH	HDAY)	FUNDER YEAR	IF UNDER 24 HRS
1 15 1900	87	7 YRS	UNINO DATS	HOURS
	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
NEVER MARRIED	Trince G	2019	0	440
OTHER INSTITUTION	120 USUAL OCCUPATIO	N.	12b. KIND OF	MD. BUSINESS OR
D1+7/	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	
rial	HOME Ma	18	170	me
YES ON O	13. STREET ADDRESS /	0 1	Cot.	21401
IS MOTHER'S MAIDEN NA		-	4 / 1.	
Mary	WIDDIE		Mito	hell
Bery A.	MC Aleer	5	#/	3
			APPROXIM BETWEEN O	NATE INTERVAL
More			100	mel
heline			2d	ais
oly line	1 Seden	6	3m	me
OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 1 o	
WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDING	GS USED
		IN CERTIFY	WERE FINDING ING CAUSES (	OF DEATH?
WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES (	
WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES (	OF DEATH?
WAS PERFORMED  21c HOW INJURY OCCURR	YES NO	IN CERTIFY YES	ING CAUSES (	OF DEATH?
WAS PERFORMED  21c HOW INJURY OCCURR	YES NO	YES	ING CAUSES (	OF DEATH?
WAS PERFORMED  211, HOW INJURY OCCURR  211, LOCATION	YES NO NO NO NED (ENTER NATURE OF INJURY	YES	ING CAUSES (	OF DEATH?
WAS PERFORMED  211, HOW INJURY OCCURR  211, LOCATION	YES NO NO NO NED (ENTER NATURE OF INJURY	YES	COUNTY	OF DEATH?
WAS PERFORMED  211, HOW INJURY OCCURR  211 LOCATION STREET	YES NO ED LENTER NATURE OF INJURY	IN CERTIFY! YES IN ITEM 18 PAR	COUNTY	OF DEATH? NO STATE
WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION STREET  19 that in (my (our) apinion of	YES NO ED LENTER NATURE OF INJURY	IN CERTIFY! YES IN ITEM 18 PAR	COUNTY	STATE  hat (I) (we) last auses stated
WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION STREET  19 that in (my (our) apinion of	YES NO ED LENTER NATURE OF INJURY  CITY OR TOW  death accurred an the dat	IN CERTIFY: YES IN ITEM 18 PAR  N  re and haur of	COUNTY	STATE  STATE  hat (I) (we) last auses stated
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WAS PERFORMED  211 LOCATION STREET  4 1 1	YES NO ED (ENTER NATURE OF INJURY OR TOWN  CITY OR TOWN  death accurred an the dat  MEDICAL STAFF  MEDICAL PHYSICI.	IN CERTIFY: YES IN ITEM 18 PAR YES	COUNTY  COUNTY  22c DATE S	STATE  STATE  hat (I) (we) last auses stated
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was performed  211 LOCATION STREET  211 LOCATION STREET  4 19  that in (my (aur) apinion of Physician (Physician (Physici	YES NO REDICTION NOT THE CONTROL OF INJURY  CITY OR TOWN  A TO TOWN  MEDICAL STAFF  MEDICAL STAF	IN CERTIFY! YES IN ITEM 18 PAR IN IT	COUNTY   STATE  STATE  hat (I) (we) last auses stated  SIGNED	

= CHTANT

CERTIFICATI

FOR

REGISTRAR

EIRST

4 RACE

AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE PRODUNCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

220.1 certify that (1) (this haspital) attended the deceased fram

abave, (1) (we) (did) (did not new the bady affection

Leon R. Levitsky M.D.

23b DATE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)

DUE TO OR AS A

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

71b. TIME OF INJURY

PM

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

TO CITIZEN OF WHAT COUNTRY?

May

A STATE OR FOREIGN

MAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last

90 DATE OF OPERATION

21d. INJURY OCCURRED

230 BURIAL CREMATION, REMOVAL

27%. SIGNATURE

LEUNERAL DIRECTOR

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an

22d PHYSICIAN'S NAME (TYPE OR PRINT

ITY OF TOWN OF DEATH

DECEASED NAME

A FATHER SHAME

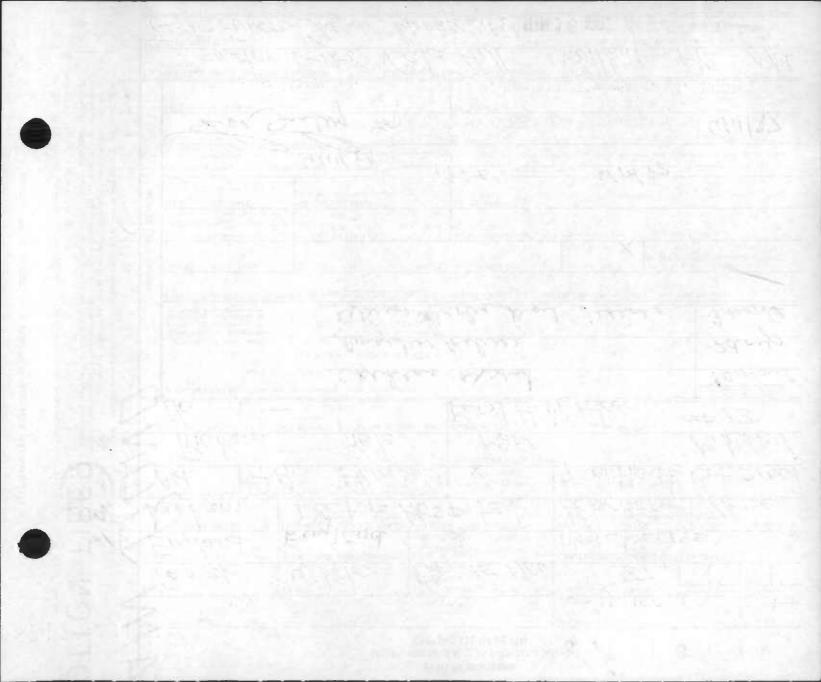
RUNKNOWN

1 - STATE

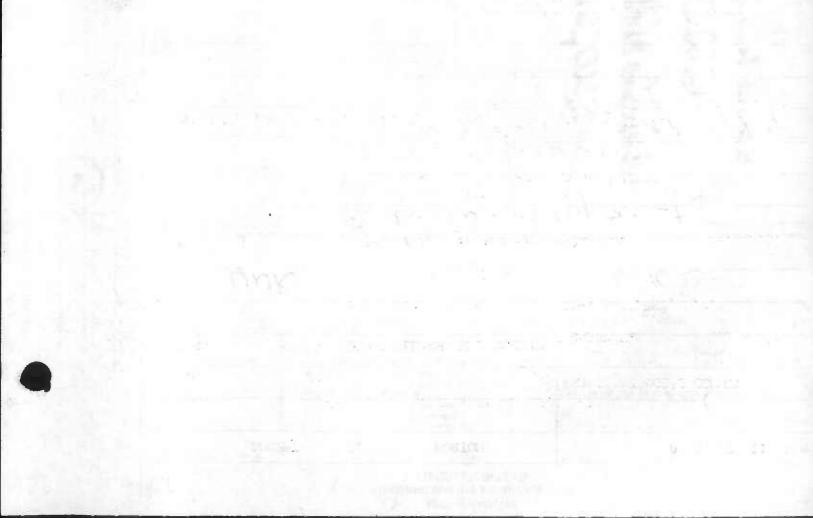
TTYPE OR PRINTS

SEA

DHMH - 16 60M 7/84 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

ÀL	HYGIENE	63
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		REGISTRAR						REG. N	0.	0 ;	0 0
		OR PRINT	FIRS!		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		CA	THE	RINE	Mary		MOORE		6	1 87	5:00
	3. SE			4 RACE		5 DATE C		6 AGE LIN YEARS LAST BIR	_	IF UNDER YEAR	# UNDER 24 H
	Fe	male		Caucas	ian	July	9, 1907 YEAR	79	YRS		
ban		RTHPLACE TATE OF			WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	mpan .		
0 /		shington,		U.S.A	١.	WIDOWE		Prince Ge	orge's	Count	У
カンハ	10 C	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND O	F BUSINESS
		argo			Care Nu	ırsing	Home	Director of			Γeleph
90	USU.	AL RESIDENCE (IF NUR	P. C.		GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	Compulation 3317 Penn	ZIP CODE.	Comp	
10		*	P.G.		N. Hyat	tsville	123 110 1		Street	20783	3
114	14 FA	T homas		MIDDLE	Cattle	.bos	15 MOTHER'S MAIDEN NA	ME MIDDLE		McInr	i e
争年				J.	Gallag		Lillian				
die	160 V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE			Klamor
B	INO				577-01-1	1902	Catherine D.	Stagle (Dau	gnter	Lanna	n, wa
t, th		18 CAUSE OF DEAT	H Enter on	ly one couse per	line for ia , ib , oi	nd :	1.10			BETWEEN	MART AND DEA
Le ve		PART I. DEATH V		E CAUSE (a)	Raspen	alpre	200lul			3M	esto
t C				DUE TO O	R AS A CONSEOL	ENICENE					
E		Conditions, if any	which	(	AS A CONSCOR	el.	21 Munos			111	eler
to to		gove rise to imi	mediate	(b)_	1 John		1 1111			11/	
the		underlying couse	9	DUE TO, O	r as a conseou	JENCE OF					
0 0	- 3			(c)							
lory.	z	PART 2 OTHER SIG	NIFICANI (	ONDITIONS CO	DUIKIRUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1	3
Ş	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tanh IF YES	WERE FINDIN	IGS LISED
os V	FIC.	DATE OF OPERA		1/10 00110			THO TEM OWNED	- 100	IN CERTIFY	ING CAUSES	OF DEATH?
sho	ERTI	21a ACCIDENT WAS UN	DERIVING F	21b. TIME C	E INTITION		216 HOW INJURY OCCUR	YES NO	YES		NO [
2		OR CONTRIBUTING		110110 4		AY YEAR	210 HOW HAJORI OCCOR	RED TENTER NATURE OF INJU	IY IN HEM IB PA	RI ORPARIZ)	
ffen	10 A	LIFEITHER NOTIFY MEDI			M	19					
9	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	FARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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s mo		22a I certify that (1)		agent .				, to	, 1	987	that (II <del>(nel</del> I
21		sow the deceas	ed alive an	1 view the body	plter depth	87.jor	nd that in (my) (attrappinion	death occurred on the do	te and hour	and from the	couses stated
te a		226 SIGNATURE		11	, /		DEGREE			22c. DATE	SIGNED
-		A Cress	64	Bamba	6 mb		ATTENDING PHYSICIAN C	MEDICAL STAI		June	1, 19
IMPORTANI		22d. PHYSICIAN'S N.	AME (TYPE O	RPRINT	7 7:		22e ADDRESS			15000	,
MPORT		Seruch t	. Kim	ble			9801 Georgia	Ave. Silve	er Spr	ing M	d. 209
<u>₹</u>	23a F	URIAL, CREMATION,		_	234	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	орт	g, w	
		SPECIFY) Burial	KEMOVAL	06/04/			et Cemetery	Washingto	n D	PUNTY	STATE
_		Dailai		1001011	7.		or ocincially	in asiming to	11, 0.	J.	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 RANCIS GASCH'S SONS FUNERAL HOME, P. A 250 DATE RECIDIBLY REGISTRAR 250 REGISTRAR 2 4739 Baltimore Ave., Hyattsville, Maryland

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.		8	1	C	) 4	0
TE OF	DEATH	MONTH	D/	A.Y	YEAR	2h k	HOUR	

		REGISTRAR				CERTI	ICATE OF DEATH		REG. N		
	I. DEC	OR PRINT)	FIRST	3	MIDDLE	Mana	LAST	20 DATE OF		MONTH DAY	YEAR 2b F
			Harold		В.	Moor				2,198	
	3 SE)			4 RACE		5 DATE (	H DAY YEAR	& AGE (INY	EARS LAST BIF	MONTH	DER YEAR IF UI
		Male		Bla	.CK	Mar	ch 24,1910	77	7	YRS	
7		RTHPLACE (STATE	TE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MAPPIE	D MEVER MARRIED			R COUNTY OF	
		_	.C.	U.S.	A.	WIDOW		Princ	ce Ge	orge's	
7	10 CT	TY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL		ION 12	& KIND OF BUS
91	Fo	restvi	lle	6104		Squar	re # 101	Ret	-Sp	Police	Secu
7		AL RESIDENCE OF	136 COUN	OTHER INSTITUTION	136 CITY OR TOW	N	113d INSIDE CITY LIMITS?	13e STREET	ADDRESS	ZIP CODE	074.
		Md.	P.(	G.	Forestv:	ille	YES NO	6104	Sur	rey Squ	are #
1/	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAST
7		Simms			Moore		Simmia			H111	
1		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	ESS	
	11	Yes	WW	II	458-05	-9742	Doris Moon	re-91	P Di	v. Ave.	, N.E.,
		18 CAUSE OF D	DEATH Enter on	ly one couse pe	er line for 10 , (b , on	d+c					BETWEEN ONSET
- 1		PARI I. DEA	TH WAS CAUSED  IMMEDIAT		Cardior	esp1	ratory Arre	st			
		underlying o	stating the	DUE TO, O	OR AS A CONSEQUE	ENCE OF					
	NO	underlying o	couse lost	(c)_			NOT RELATED TO THE TERM	IN AL DISEAS	e or con	DITION GIVEN IN	V PART 100
2	FICATION	underlying o	SIGNIFICANT C	CONDITIONS C	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	20e AUTO	PSY?	206. IF YES, WEI	RE FINDINGS L
2	ERTIFICATION	PART 2 OTHER	SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	20e AUTO	PSY?	20b. IF YES, WEI IN CERTIFYING YES []	RE FINDINGS U CAUSES OF D NO
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29		PART 2 OTHER  19a DATE OF OF  21a ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHY)  21d INJURY OC	SIGNIFICANT C	19b CONE	ONTRIBUTING TO D	OPERATIO  AY YEAR  19	N WAS PERFORMED	20e AUTO	PSY?	20b. IF YES, WEI IN CERTIFYING YES TEN ITEM 8 PARTICO	RE FINDINGS U CAUSES OF D NO
29	MEDICAL CERTIFICATION	PART 2 OTHER  19a DATE OF OF  21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTH)  21d INJURY OC	SIGNIFICANT C	19b CONE	ONTRIBUTING TO E	OPERATIO  AY YEAR  19	21c. HOW INJURY OCCURI	20e AUTO	NOX	20b. IF YES, WEI IN CERTIFYING YES TEN ITEM 8 PARTICO	RE FINDINGS ( CAUSES OF D NO DR PART 2)
27		PART 2 OTHER  190 DATE OF OF  216 ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OC WHITE AT WORK N  220 1 certify the	SIGNIFICANT CORRECTION  ASSUNDERLYING CAUSE OF DEAL OF MEDICAL EXAMINER; CURRED  OUT WHITE COURS OF DEAL OF MEDICAL EXAMINER; OUT WHITE COURS OF DEAL OF MEDICAL EXAMINER; OUT (I) (thus hospital)	19b CONE  19b CONE  19b TIME ( HOUR A P  21e PLACE (AT HOME S)	ONTRIBUTING TO E	OPERATIO  AY YEAR  19  ARM ETC.)	216. HOW INJURY OCCURI	200 AUTO	NOX TURE OF INJU	20b. IF YES, WEIN CERTIFYING YES THE INTERNIS PART TO COMMENT OF THE INTERNIS PART TO COMME	REFINDINGS L CAUSES OF D NC OUNTY
29		PART 2 OTHER  190 DATE OF OP  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTH)  21d INJURY OC  WHILE NOR NOR NOR OR CONTRIBUTING NOR OR CONTRIBUTING NOR OR NOR OR NOR OR NOR NOR NOR NOR NO	SIGNIFICANT C	198 CONE 198	ONTRIBUTING TO E	OPERATIO  AY YEAR  19  ARM ETC.)	21c. HOW INJURY OCCURI	200 AUTO	NOX TURE OF INJU	20b. IF YES, WEIN CERTIFYING YES THE INTERNIS PART TO COMMENT OF THE INTERNIS PART TO COMME	REFINDINGS L CAUSES OF D NC OUNTY
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29		PART 2 OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING CIF EITHER NOTIFY  21d INJURY OC  WHILE AT WORK  22a. I certify the saw the de obove. (II)	SIGNIFICANT CORRECTION  ASSUNDERLYING CAUSE OF DEA  WEDICAL EXAMINER;  CURRED  OF WHILE CONTWHILE CONTWHIL	19b CONE 19b CONE 19b CONE 1H HOUR A 1H HOUR A 11 HOME S 10th ottended 1 11 view the bod	ONTRIBUTING TO E	OPERATIO  AY YEAR  19  ARM ETC.)	216. HOW INJURY OCCUR!	200 AUTO YES RED (ENTER NA deoth occurre	NO TURE OF INJU	20b. IF YES, WEIN CERTIFYING YES TO THE MINISTER OF PARTY OF THE MINISTER OF T	RE FINDINGS (CAUSES OF DINCORPART 2)  OUNTY  that (from the cause
29		PART 2 OTHER  190 DATE OF OP  210. ACCIDENT WAR OR CONTRIBUTING (IF EITHER NOTIF)  21d INJURY OC  WHILE NOTIFY  21d Leartify the sow the de obove, (1) (3  22b SIGNATURE)	SIGNIFICANT CORRECTION  ASSUNDERLYING CAUSE OF DEA  WEDICAL EXAMINER;  CURRED  OF WHILE CONTWHILE CONTWHIL	198 CONE 198	ONTRIBUTING TO E	OPERATIO  AY YEAR  19  ARM ETC.)	216. HOW INJURY OCCUR!  216. LOCATION STREET  19  19  DEGREE  ATTENDING	200 AUTO YES RED (ENTER NA deoth occurre	NO TURE OF INJU	20b. IF YES, WEIN CERTIFYING YES TO THE MINISTER OF PARTY OF THE MINISTER OF T	RE FINDINGS (CAUSES OF DINCORPART 2)  OUNTY  that (from the cause
29		PART 2 OTHER  190 DATE OF OP  210. ACCIDENT WAR OR CONTRIBUTING (IF EITHER NOTIF)  21d INJURY OC  WHILE NOTIFY  21d Leartify the sow the de obove, (1) (3  22b SIGNATURE)	SIGNIFICANT COPERATION  AS UNDERLYING COMMENT CAUSE OF DEA  TO MEDICAL EXAMINER  CURRED  TO (1) (bus bespet  COURTED COMMENT C	198 CONE 198	ONTRIBUTING TO E	OPERATIO  AY YEAR  19  ARM ETC.)	216. HOW INJURY OCCURI 211. LOCATION STREET  211. LOCATION DEGREE  ATTENDING PHYSICIAN	200 AUTO YES RED (ENTER NA deoth occurre	NO TURE OF INJU	20b. IF YES, WEIN CERTIFYING YES TO THE MINISTER OF PARTY OF THE MINISTER OF T	RE FINDINGS (CAUSES OF DINCORPART 2)  OUNTY  that (from the cause
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR

PHYSICIAN: The la

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	March 24,1910	Lilios George, e	
	Moore	June 2,1927	

•	Cardiorespiratory Arrest	
	456-25-2762 Danie Hoorn-Std Dies, Art., F. B., D.	

IN P.O. MONGEAUTE X GION SURER BOURTS P.I.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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EG. NO		. 77			

	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYGIE ICATE OF DEATH	REG. NO	181	0 5
		EASED NAME FIRST OR PRINT)  MA	LIA T.	Mo	NAN		6 - 8 - 8	7 3:50am
	3 SEX		4 RACE	5 DATE O		AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
	F	emale	Caucasian	May	23 1932	55	YRS	
e	30 BIR	RTHPLACE I STATE OR FOREIGN	Th CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEAT	H
1		Italy	U.S.A.	WIDOWE		PRINCE	1500AG	les COMD.
	20	CLINTON	11. NAME OF HOSPITAL, N (IF O) IN SUCH FACILITY OF	STREET ADDRESS)		USUAL OCCUPATION COLLECTING		of BUSINESS OR TRY
6	130 S		other institution give residence ITY 13c. CITY OF Temp	RTOWN	YES 🔀 NO 🗌		ZIP CODE ing Terrac	ee <sup>20748</sup>
1	15		MIDDLE LA	51	15 MOTHER'S MAIDEN NAME	E MIDDLE		LAST
1	1	Vincent	Fazzol		Govanni		Unkr	iown
1		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL E WAR OR DATES) 235-48	SECURITY NO. 3-9637	Michael J. Mor	3804 Sp		ice
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON			nfore with the hode met		RT Tra
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCURRE			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	A	211 LOCATION STREET	CITY OR TOV	VN COUNT	Y STATE
		220.1 certify that (1) (Has hospet saw the deceased alive an above, (1) (we) (did) (did not	6-6	19 87 an	d that in (my) (exc) apinian de	to the do		
		226 SIGNATURE to	Jeng too.		Loop	MEDICAL STAF	F	6-8-87
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	23a B	URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	236. LOCATION	E COUNTY.	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.

6/11/87

Resurrection Cemetery | Clinton

P.G. Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MD 3128	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DATES THIS CERTIFICATE, WITHIN 24 HOURS AFTER DATES THE WORD "PENDING" IN PENCIL IN 1EM 18 GIVE PARTES THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR THE FALL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL "IRRANSIT PERMIT. PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE STATE DEPARTMENT OF THE STATE DEPARTME
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